



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicants will receive consideration for employment without regard to any protected personal characteristic, including, but not limited to race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation and status with regard to public assistance or any other personal characteristic protected by federal, state or local law.

Applications are kept on file for a minimum of one (1) year. You may update your application upon request. Applications will be considered at the time of receipt. If you wish to update your application or request additional consideration, you must contact Bridges Medical Center's Human Resources Department.

All questions must be answered carefully and completely. If you have a resume, please attach it to this application.

PLEASE FILL IN THE BLANKS

NAME

DATE

HAVE YOU EVER WORKED UNDER ANOTHER NAME? YES NO IF YES, GIVE NAME:

HAVE YOU WORKED AT BRIDGES MEDICAL CENTER OR FOR THE BENEDICTINE HEALTH SYSTEM BEFORE? YES NO

HAVE YOU APPLIED AT BRIDGES MEDICAL CENTER BEFORE? YES NO

CURRENT ADDRESS

Street City State Zip

PREVIOUS ADDRESS

Street City State Zip

PHONE(s) - - PHONE(s) - -

TYPE OF WORK

TYPE OF WORK OR POSITION DESIRED: DATE AVAILABLE:
 Full-time Part-time (hrs./week) Temporary From to

SALARY DESIRED:

REFERRED BY

Employment Agency Ad Current Staff Member Walk-in None Other

Name of Publication Employee's Name

Bridges Medical Center does not illegally discriminate on account of an applicant's age. If you are under 18, you may be required to prove your age for some jobs where state laws or regulations impose restrictions.

Are you 18 years of age or older? Yes No

Under Bridges Medical Center's drug and alcohol testing policy, prospective employees will be asked to submit to drug testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer of employment is conditioned on the prospective employee testing negative for illegal drugs.

Are you willing to submit to a drug test if offered a position? Yes No

WORK EXPERIENCE

Indicate all work experience beginning with your current or most recent position. Complete all sections. Provide dates of employment for jobs held in the last 5 years only. A resume providing this information may be attached as a supplement. We will contact all former employers for references. If you do not want us to contact your current employer, explain why in writing on this page.

Employer		Telephone No. - -
Address		Supervisor Name Title
Dates Employed From: To:	Position Title	Final Salary \$ per
Primary Job Duties		
Reason for Leaving		

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EDUCATION List all education you would like considered in the evaluation of your application.

1. School/Location	Type of Degree
Relevant Courses	
2. School/Location	Type of Degree
Relevant Courses	
Other Education (seminars, military schools, etc.)	

LICENSE/CERTIFICATION Complete this section if a license/certification is required to perform the duties of the job for which you are applying.

Type License/Certification	State	Number	Expiration Date	(Leave Blank)

If you don't have the required license for this job, have you applied? Yes No

If an exam is required to obtain the required license, give scheduled date

If not licensed in this state, have you applied for reciprocity? Yes No

SKILLS List any additional skills you have that add to your qualification for this position (for example, EMT or CPR training).

PRIOR EMPLOYMENT

Have you been employed here before? If yes, please complete the following dates: From _____ To _____

Position Held Immediate Supervisor Reason for Leaving

PERSONAL REFERENCE List any other references other than relatives or former employers that we may contact.

1.	Name	Address	Phone
2.	Name	Address	Phone
3.	Name	Address	Phone

CRIMINAL RECORD

Have you been convicted of or plead guilty to a criminal offense in the last seven (7) years? Yes No If "Yes", state place of and nature of conviction:

Date of Conviction: Status of Probation: Name of Probation Officer, if applicable: Address:

Phone Number: - -

NOTE: A conviction does not mean automatic rejection for employment. If you are on probation, we will contact your Probation Officer for a reference.

By signing below, I am certifying that all information provided by me in this application is true and complete to the best of my knowledge.

I authorize investigation of the truth and completeness of all information provided by me in this application. In consideration of providing information to assist me in my employment search, I hereby release any and all sources of such information, their agents and employees from any claims I may have arising out of the disclosure of information about me.

In consideration of Bridges Medical Center considering me for employment, I hereby release Bridges Medical Center, its agents and employees from any and all claims I may have arising from Bridges Medical Center seeking information about me in connection with my application for employment with Bridges Medical Center.

By signing below, I am agreeing that if I am hired, unless otherwise provided in a signed written agreement, my employment may be terminated by me or by Bridges Medical Center at any time for any reason with or without cause. I agree that neither this application nor any personnel manual which I may receive upon employment is intended to be a contract of employment.

I agree that any offer of employment is conditioned on (i) verification of my right to work in the United States; and (ii) receipt of favorable references (as determined in the sole discretion of Bridges Medical Center). I agree that any offer of employment may also be conditioned on (i) demonstration of physical and mental ability to perform essential job functions (When a physical exam or testing is required for the job position, all applicants will be given the same testing.); (ii) passing a literacy examination or (iii) verification of any required license or registration and confirmation that no discipline, investigation or conditions will affect my ability to work under that license or the license of another, as determined in Bridges Medical Center's sole discretion.

I acknowledge receiving a copy of the job description for which I am applying.

Applicant

Date

DO NOT WRITE BELOW THIS LINE

Interviewed by:

Name _____ Job Title _____ Date _____

Name _____ Job Title _____ Date _____

Hired By: _____ First Day: _____

Position: _____

Rate of Pay: \$ _____ per _____

Full-time: Part-time Regular Temporary

Supervisor: _____ Department _____