



WESTHEALTH 2855 & 2805 campus drive
 plymouth, MN 55441
 outpatient health care phone 763-577-7000

EMPLOYMENT APPLICATION FORM

PLEASE PRINT CLEARLY

Date	Name (Last)	(First)	(Middle)	Home Phone	
Address				Work Phone	
City		State		Zip Code	
Position Desired			Social Security Number	Salary Desired	
When Available?					
Are you a U.S. citizen or authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SCHOOL	NAME AND ADDRESS OF INSTITUTION	GRADUATED	DEGREE RECEIVED	AVG. GRADE	AREAS OF SPECIALIZATION
High School					
College					
Technical, Bus, or Prof.					
Others					
PROFESSIONAL LICENSES/CERTIFICATIONS (List Type)		STATE	EXPIRATION DATE	REGISTRATION NUMBER	
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch of Service		Rank at Separation	
Describe Duties					
EMPLOYMENT HISTORY - List most recent employer first					
Name		Name		Name	
Street		Street		Street	
City		City		City	
State Zip		State Zip		State Zip	
Phone Number		Phone Number		Phone Number	
Type of Business		Type of Business		Type of Business	
Supervisor Name/Title		Supervisor Name/Title		Supervisor Name/Title	
Position Title Final Salary		Position Title Final Salary		Position Title Final Salary	
Duties (3 most important)		Duties (3 most important)		Duties (3 most important)	
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
Other Duties:		Other Duties:		Other Duties:	
Reason for Leaving		Reason for Leaving		Reason for Leaving	

(Continued on other side)

APPLICANT COMMENTS

Make any other comments about your background, skills, abilities, or experiences that you feel are pertinent to your application

WORK REFERENCES

Name two persons who have first-hand knowledge of your work skills and experiences

NAME	ADDRESS	BUSINESS AND POSITION	PHONE (if known)

AUTHORIZATION

May we contact your present employer at this time? Yes No

I authorize you, at the time of my application for employment, to obtain information from any other source as to my education, experience, competence or character as it relates to the position for which I applied. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge. I understand that any falsification or omission of information may cause rejection of this application. I further understand that in the event I am employed, such employment is at will. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewer Notes:

1. Of the positions you've held, which did you like the best?
2. Which position did you like least?
3. What do you do best?
4. In what areas do you need improvement?
5. How would your last two supervisors describe your performance?
6. What is the most important thing you seek in a job?

This applicant is:

- A strong candidate
- A possible candidate
- A possible candidate for other position(s) (explain below*)
- Other _____

*Type of work for which applicant seem best qualified

Interviewed by:

Date of Interview:

Proposed Salary:

Benefits:

Date to begin work: