



# Application for Employment

Phone 712-336-1230 • Fax 712-336-8920 • E-mail [hr@lakeshealth.org](mailto:hr@lakeshealth.org) • Website [www.lakeshealth.org](http://www.lakeshealth.org)

## Personal Information

Name \_\_\_\_\_  
(First, Middle Initial, Last, Nickname)

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone \_\_\_\_\_ (Including area code)      Alternate Phone Number \_\_\_\_\_ (Including area code)

E-mail \_\_\_\_\_      Social Security Number \_\_\_\_\_

Position \_\_\_\_\_ (A list of open positions is available from Human Resources)      Application Date \_\_\_\_\_

## Work Experience (Start with your present or most recent position)

Name of employer		Supervisor's name and title	
Address (including street, city, state & zip code)		Telephone number	Hours worked per week
Dates of employment From (month, day, year)	To (month, day, year)	Rate of pay Beginning      Final	May we contact this employer? Yes      No
Position(s) held _____			
Describe the work performed _____			
Explain the reason for leaving _____			
Name of employer		Supervisor's name and title	
Address (including street, city, state & zip code)		Telephone number	Hours worked per week
Dates of employment From (month, day, year)	To (month, day, year)	Rate of pay Beginning      Final	May we contact this employer? Yes      No
Position(s) held _____			
Describe the work performed _____			
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Name of employer		Supervisor's name and title	
Address (including street, city, state & zip code)		Telephone number	Hours worked per week
Dates of employment From (month, day, year)	To (month, day, year)	Rate of pay Beginning      Final	May we contact this employer? Yes      No
Position(s) held _____			
Describe the work performed _____			
Explain the reason for leaving _____			

## Availability To Work

### Employment Status

I am available to work the following total number of hours

- Full-time (32-40 hours per week on a regular basis)
- Part-time (8-31 hours per week on a regular basis)
- Casual or intermittent (no regular schedule)
- Temporary \_\_\_\_\_  
(indicate time frame above)

### Shift Availability

I am available to work the following shifts

- 7 am to 3 pm
- 3 pm to 11 pm
- 11 pm to 7 am
- 8 am to 4:30 pm
- 7 am to 7 pm
- 7 pm to 7 am
- Weekends
- Holidays

## Education and Training (Start with your highest level of education)

### Formal Education

Name of School	City & State	Coursework	Highest Level Completed/Degree Attained

### Professional Licenses, Certifications & Continuing Education

Type of License, Certification or Education	Date Received	Expiration Date	Description

## Preferred Method of Contact & Referral Information

Which is the best method to contact you?

- Home Phone
- Work Phone
- E-mail
- United States mail

Which is the best time to contact you? (central time zone)

- Day (Monday - Friday: 8 am - 5 pm)
- Night (Monday - Friday: 5 pm - 10 pm)
- Weekends
- Other Insert a specific time: \_\_\_\_\_

What prompted you to apply at Lakes Regional Healthcare?

- Lakes Regional Healthcare employee (insert name here) \_\_\_\_\_
- Newspaper advertisement (insert name here) \_\_\_\_\_
- Internet search (insert website address here) \_\_\_\_\_
- Other (insert referral source here) \_\_\_\_\_

## Employer Notification & Applicant Certification

Lakes Regional Healthcare is an equal opportunity employer. Equal employment opportunity tracking forms are to be separated from the application and sent to the Human Resource office. All applications for employment will remain active for thirty days and kept on file for one year. This hospital operates 24 hours per day, seven days per week. Assignments of shifts, organizational units, days off, and other conditions of employment are made to efficiently operate the hospital. Each employee is required to comply with staffing assignments. As changes occur, employees may be required to change shifts, and/or days worked temporarily, or on a regular basis.

I certify that the information provided is true in all respects. I authorize Lakes Regional Healthcare and its representatives to contact my prior employers, unless indicated differently on the front of this application and all others for the purpose of verification of the information I have supplied. I release the hospital from any liability resulting from the information released. I authorize my prior employers, references and others named in this application with information regarding my work, educational history or my character, to provide the employer with all information requested and to cooperate fully with the investigation. I also release those employers, references and others named in this application from liability for providing information in good faith and without malice. I understand that misrepresentation or omission of facts may result in refusal to hire or in termination of employment.

In the event that I am employed, I understand that I must comply with all company policies and rules. I further understand that employment and compensation can be terminated with or without cause or notice, at any time at the option of the hospital or myself. I understand that this application is not a contract of employment between myself and the hospital. No words or actions of the hospital, including employment offers or terms and conditions of employment are intended to establish an implied or expressed employment contract.

Signature

Date



## Voluntary Equal Employment Opportunity Identification

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Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. Lakes Regional Healthcare believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name \_\_\_\_\_

Position applied for \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female  
Month/Day/Year

### Race / Ethnic Data:

- White (Non-Hispanic)                       Asian or Pacific Islander                       American Indian or Alaskan Native
- Black (Non-Hispanic)                       Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

### Disabled / Veteran Classifications:

- Disabled Person                       Vietnam Era Veteran                       Special Disabled Veteran (30% or more disability)

### EXPLANATION OF THE CATEGORIES:

**White (Non-Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East

**Black (Non-Hispanic):** Persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disabled Individual:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

**Special Disabled Veteran:** Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

**Lakes Regional Healthcare is an Equal Opportunity Employer**

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**LAKES REGIONAL HEALTHCARE**

P.O. Box AB  
Spirit Lake, Iowa 51360

PLACE  
STAMP  
HERE

**LAKES REGIONAL HEALTHCARE**  
**Attention Human Resources**

P.O. Box AB  
Spirit Lake, Iowa 51360

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