

Mission Statement

Pipestone County Medical Center will meet the health needs of the region by providing quality personalized health services for the best value. We will achieve our mission by collaboration with others; by serving our customers and patients needs and expectations; by acting with integrity, respect, and compassion; and by practicing sound financial stewardship

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist in possible future upgrading.

This facility is an equal opportunity employer. Employment, educational opportunities and promotions in all job classifications are without regard to race, color, creed, religion, sex, national origin, sexual orientation, disability, age, marital status, veteran status or status with regard to public assistance.

PERSONAL

Name: Last		First	Middle
Address: Street		City	State Zip Code
Position(s) Applied for		Telephone Number	Alternative Telephone Number
Email Address		Date Available for Employment	

PROFESSIONAL LICENSES AND CERTIFICATIONS

Type	Number	Date Issued	State

VOLUNTEER

List Areas of Experience From Volunteer Assignments

EDUCATIONAL DATA

Type	Name of School	City	State	Did you Graduate	Type of Degree	Field of Study
High School						
Business Schools Vocational						
College or University						

EMPLOYMENT HISTORY

List all work experience; most recent to be listed first. If you have additional employers please provide that information on an additional sheet and attach to this application.

Present or Last Employer	Your Title	Last Salary	Reason for Leaving	
Address: Street City State Zip Code	Duties	Date Began		
Supervisor Phone Number		Date Left		
Present or Last Employer	Your Title	Last Salary	Reason for Leaving	
Address: Street City State Zip Code	Duties	Date Began		
Supervisor Phone Number		Date Left		
Present or Last Employer	Your Title	Last Salary	Reason for Leaving	
Address: Street City State Zip Code	Duties	Date Began		
Supervisor Phone Number		Date Left		
Present or Last Employer	Your Title	Last Salary	Reason for Leaving	
Address: Street City State Zip Code	Duties	Date Began		
Supervisor Phone Number		Date Left		
For Reference Purposes: Is your educational or employment history listed under any other name?				
[] Yes [] No				
If so, what?				

Explain any unemployment periods of two months or more

REFERENCES

PROFESSIONAL OR PERSONAL REFERENCES WHICH WE MAY CONTACT (do not list relatives)		
Name	Telephone Number	Occupation
	E-mail Address	
Name	Telephone Number	Occupation
	E-mail Address	
Name	Telephone Number	Occupation
	E-mail Address	

GENERAL INFORMATION

Who referred you to Pipestone County Medical Center?

Employee (name) _____ Walk In
 Previously Employed by Pipestone County Medical Center Friend or Relative
 Dates Employed _____ Previously Employed by other Avera Health partner
 Advertisement: Newspaper Which _____
 Internet Dates Employed _____
 Other

Have you been convicted of a misdemeanor, gross misdemeanor, or felony? The recency and the nature of the conviction will be taken into consideration. A conviction is not an automatic barrier to employment.

Yes No If yes, please explain.

Are you either a United States citizen or legally eligible to hold employment in the United States of America? Yes No

Veteran's Status

Are you an honorably discharged veteran of the armed forces of the United States of America or are you otherwise eligible to claim Veteran's Preference Points? ___Yes ___No Do you wish to claim Veteran's Preference Points? ___Yes ___No

If you are a disabled veteran and wish to claim additional points, please check here: ___

Proof of applicable military status/eligibility, such as DD214 form, will be required in order to claim credits. Please attach DD214 or forward within five (5) business days.

An application blank may make it difficult for you to adequately summarize your background. To assist us please use the space below to summarize any additional information necessary to describe your full qualifications for employment. You may also attach a copy of your resume.

SMOKING AND DRUG FREE WORKPLACE

Our policy is to promote and provide a safe and healthy environment for our patients, residents, employees, physicians, volunteers and visitors. Therefore, we discourage the use of all tobacco products and regulate smoking within our facility. Additionally we prohibit the use of illegal drugs.

APPLICANT'S STATEMENT

I hereby authorize Pipestone County Medical Center the right to investigate my past employment, education and activities. I release from all liability all persons, companies and corporations who supply such information. I certify that the information I have given on this application is true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omissions or concealment of fact(s), will disqualify me from consideration for employment, and constitutes ground for my immediate dismissal should I be employed by Pipestone County Medical Center.

I understand, acknowledge, and agree that no offer of employment is valid or binding until formally approved by the administrative authority appointed by and representing the Medical Center Governing Board and that until such approval the Pipestone County Medical Center shall not be liable for any reliance on any oral or written offers of employment made to me.

Upon making a contingent job offer, Pipestone County Medical Center will conduct a criminal background check, drug screen, and post-offer employment health exams on individuals. No offer of employment shall become final until receipt of the results of the criminal background check, drug screen, and post-offer employment health exams are available and the content of the results is acceptable to the Pipestone County Medical Center and formal approval by the appointing authority is received.

I hereby authorize any and all current and former employers, organizations where I have volunteered and references named in this application or any agent of such a current or former employer or volunteer organization, to provide such information concerning my employment or volunteer work with them that may be requested.

Date _____ Applicant's Signature _____

EQUAL OPPORTUNITY STATEMENT

It is the policy of Pipestone County Medical Center to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, or marital status, status with regard to public assistance, disability, sexual orientation or age.

DATA PRIVACY NOTICE

The information requested on this application is intended to be used by Pipestone County Medical Center in determining suitability for employment for the position which you are currently seeking. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in Pipestone County Medical Center being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, Pipestone County Medical Center may be unable to provide the necessary accommodations if you do not provide personal contact data. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside Pipestone County Medical Center without your consent except as necessary for tax purposes or as otherwise required by state or federal law.