

Minnesota Epilepsy Group, P.A.

225 Smith Avenue North
 Suite 201
 St. Paul, MN 55102
 Phone (651) 241-5290
 Fax (651) 241-5140

For Office Use Only:	
Shift _____	Position _____
Start Date _____	
Signature _____	

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Name _____
last first middle initial

Address _____
street city state zip

Day Phone (____) _____ Eve Phone (____) _____ Social Security # ____ - ____ - ____

Have you ever been employed with this organization before? Yes No

If "YES," did you work through a temporary agency? Yes No List Agency _____

If "YES," in which year(s) did you work? _____ In which department did you work? _____

POSITION DATA

What position are you applying for? _____

Would you consider another position? _____ Type of Position? _____

Please check which shifts you are available to work: Part-time Full-time On Call 1st shift 2nd shift 3rd shift

What date are you available to start? _____ Desired Starting Wage? _____/hour

How did you learn about this position? _____

Are you willing to work (please check all those that apply):

Overtime (over 40 hrs/wk) On Call Rotating Shifts Nights Weekends Holidays Travel

EDUCATION AND TRAINING

SCHOOL	NAME & LOCATION	DID YOU GRADUATE?	COURSE OF STUDY
High School		<input type="checkbox"/> Yes or <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes or <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes or <input type="checkbox"/> No	
Other (specify)		<input type="checkbox"/> Yes or <input type="checkbox"/> No	

SKILLS

Please check each item you have experience with:

Typing _____ (wpm) 10 Key Medical Transcription _____ WPM
 Data Entry _____ (kph) CRT/PC Word Processing _____ WPM

Please list any of your skills, abilities, training, computer programs or licensing that are related to the position for which you are applying. (You may exclude all information indicative of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation or status with regard to public assistance.)

EMPLOYMENT HISTORY

Please begin with your current or most recent employment . If necessary, attach an additional sheet to show all relevant experience. List your complete employment history, but do not provide dates of employment for jobs held more than five years ago.

Are you presently employed? Yes No May we contact your present employer? Yes No

Date (Month and Year)	Name, City, State of Employer (include all information requested)	Position Title	Reason for leaving or seeking new employment
From ____/____/____ To ____/____/____			
Supervisor's Name		Supervisor's Phone Number ()	
Nature of Duties/Salary			
From ____/____/____ To ____/____/____			
Supervisor's Name		Supervisor's Phone Number ()	
Nature of Duties/Salary			
From ____/____/____ To ____/____/____			
Supervisor's Name		Supervisor's Phone Number ()	
Nature of Duties/Salary			

PROFESSIONAL LICENCES OR CERTIFICATIONS

TYPE	STATE	EXPIRATION	REGISTRATION #

Are you able to provide necessary documentation to establish your identity and your authorization to work in the U.S.? Yes No

Proof of Eligibility may include: Birth Certificate, Valid State Issued Identification Card, Driver's License, Social Security Card, State or Federal issued documents.

REFERENCES

Please list three (3) or more references (not relatives or employers) that are acquainted with your work history, such as co-workers or other individuals.

NAME	YEARS KNOWN	OCCUPATION	PHONE NUMBER

RECORD OF CONVICTIONS

The existence of a conviction on your record does not automatically disqualify you from consideration. In the last seven years, have you been convicted of a crime? This includes felonies, misdemeanors, and petty misdemeanors. This also includes traffic violations such as DWI, driving after suspensions, driving after revocation, driving without a license, driving without insurance, etc. (Please do not include parking and speeding tickets.)

Yes No If "YES," please list all convictions and dates.

I hereby affirm that the information provided on this application (& accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration of employment and may be considered justification for dismissal if discovered after the commencement of employment.

In connection with this application for employment, I authorize the Minnesota Epilepsy Group, P.A. and any agent acting on its behalf to conduct any inquiry into any job-related information contained in this application. This includes but is not limited to: my educational records maintained by an educational institution, such as transcripts, my employment records maintained by current and previous employers, such as performance appraisals, & my criminal records, if any, maintained by Federal, State, County & City agencies and facilities. Moreover, I hereby release the Minnesota Epilepsy Group, P.A. and any agent acting on its behalf from any liability of whatsoever nature by reason of requesting such information from any person.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Minnesota Epilepsy Group, P.A. and myself. If an employment relationship is established, and I am covered by an applicable collective bargaining agreement, I understand the terms and conditions of that agreement will govern my employment. If I am not covered by an applicable collective bargaining agreement, I understand that I have the right to terminate my employment at any time, for any reason or no reason, and the Minnesota Epilepsy Group, P.A. retains the same right regarding the discontinuation of my employment. Moreover I understand that no management official of the employer other than the Chief Executive Officer of the Minnesota Epilepsy Group, P.A. has any authority to enter into any agreement contrary to the foregoing or to make an oral assurance or promise of continued employment.

I hereby acknowledge that I have read and understand the above information>

Signature _____ Date _____

Thank you for your interest in employment with Minnesota Epilepsy Group, P.A.!

Minnesota Epilepsy Group, P.A. is an Equal Opportunity Employer and complies with the Immigration Reform and Control Act.