



MURRAY COUNTY MEDICAL CENTER

APPLICATION FOR EMPLOYMENT

Human Resources
2042 Juniper Ave.
Slayton, MN 56172
507-836-1262

Equal Employment Opportunity

It is the policy of Murray County Medical Center to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, 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 Murray County Medical Center (MCMC) in determining suitability for employment for the position which you are currently seeking or may seek in the future. 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 MCMC being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, MCMC may be unable to provide the necessary accommodations if you do not provide the information in the Personal Data section. The information on this application which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside MCMC without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

Position

Position You Are Applying For: _____

Available Start Date: _____

Desired Compensation? _____

Employment Desired: ☐ Full Time ☐ Part Time

How did you hear about our opening: _____

Personal Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No

Have you previously worked for Murray County Medical Center? ☐ Yes ☐ No

If yes, position held/department: _____

Are you related to anyone currently employed by MCMC? ☐ Yes ☐ No

If yes, what is their position or department: _____

List all other names under which you have been employed or under which your employment or educational records may be found: _____

Work and Volunteer Experience

List ***all*** work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first. Attach additional sheets if necessary. **Do not write "SEE RESUME".**

Employer Name:	Job Title:	
Employer Address:	Dates Employed:	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time: _____ avg. hrs. per week	
	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number:	Reason for Leaving:	
Supervisor Name:		
Job Duties:		

Employer Name:	Job Title:	
Employer Address:	Dates Employed:	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time: _____ avg. hrs. per week	
	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number:	Reason for Leaving:	
Supervisor Name:		
Job Duties:		

Employer Name:	Job Title:	
Employer Address:	Dates Employed:	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time: _____ avg. hrs. per week	
	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number:	Reason for Leaving:	
Supervisor Name:		
Job Duties:		

Personal Statement

Please indicate why you are interested in the position and what you hope to accomplish if selected.

Education

Did you graduate from high school or receive a GED? ☐ Yes ☐ No

Name and location of last high school attended: _____

List any additional education below:

Name and Location of School	Dates of Attendance	Course of Study	Did You Graduate?	Certificate or Degree
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Licensure

List current licenses, registrations, or certificates relevant to the position for which you are applying. All applicable licenses or certifications must be received in the Human Resources Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

License Name and Number	Issued By	Date	Expiration

References

These should be people in a position to discuss your qualifications for the position you seek. Especially include managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. Murray County Medical Center reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference	Present Address	Phone Number	Occupation and Relationship

Criminal Background Information

Murray County Medical Center (MCMC) conducts a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check is received and the content is acceptable to MCMC and the appointing authority.

If selected for employment are you willing to submit to a background check? ☐ Yes ☐ No

Certification, Acknowledgment and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by Murray County Medical Center (MCMC).

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the appointing authority has been made and that, until such approval has occurred, MCMC shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such former employer or volunteer organizations, to release to MCMC and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that MCMC will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release MCMC and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of MCMC, former employers, volunteer organizations and references, from any and all liability of whatever nature by reason of requesting or providing such information.

Date _____ Signature _____