



APPLICATION FOR EMPLOYMENT

HealthPartners Management Group, Inc. offers equal employment opportunity to all applicants for employment and to all employees regardless of sex, age, race, color, religious creed, national origin, ancestry, marital status, sexual orientation, or disability.

PLEASE PRINT PLAINLY

PERSONAL DATA Date_____

Name_____ Social Security No. _____
Last Name First Name Initial

Present Address_____ Telephone () _____
Street Number and Name Message

_____ Telephone () _____
City State Zip Code

Other names under which you have worked_____

Are you a U. S. citizen or authorized to work in the U. S. on an unrestricted basis? Yes No

Can you, after employment, submit:
 Proof of your legal right to work in the U. S. ? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please give the date, location, and disposition of your case.

IN CASE OF EMERGENCY PLEASE CALL:

Name:_____ Relationship:_____ Business Phone: _____
 Address:_____

POSITION DESIRED

Position(s) applied for_____ Salary requirement_____

I understand that applicants who do not meet the minimum qualifications of the position will not be considered for the position. Only those final candidates will be contacted.
 Specify: Full-time Part-time Per diem

Were you previously employed by HealthPartners Management Group, Inc, Tenet Healthcare Corporation? Yes No

If yes, when and where?_____

Names of relatives employed by HealthPartners Management Group, Inc._____

If an offer is extended, when would you be available for work?_____

How did you become aware of the position for which you are applying? Please give individual or source_____

Do you have a reliable method of transportation to use if you are hired to work in this facility? Yes No

EMPLOYMENT HISTORY (Must be completed in full.)

Are you presently employed? Yes No

May we contact your present employer? Yes No

List on page 2 your work experience beginning with most recent job.

From	To	NAME AND ADDRESS OF EMPLOYER			JOB TITLE & DUTIES
Mo./Yr.	Mo./Yr.	Name			
		Address			
Starting Salary	Final Salary	City	State	Ph_____	
		Supervisor		Ph_____	Reason for Leaving
From	To	NAME AND ADDRESS			JOB TITLE & DUTIES
Mo./Yr.	Mo./Yr.	Name			
		Address			
Starting Salary	Final Salary	City	State	Ph_____	
		Supervisor		Ph_____	Reason for Leaving
From	To	NAME AND ADDRESS			JOB TITLE & DUTIES
Mo./Yr.	Mo./Yr.	Name			
		Address			
Starting Salary	Final Salary	City	State	Ph_____	
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From	To	NAME AND ADDRESS			JOB TITLE & DUTIES
Mo./Yr.	Mo./Yr.	Name			
		Address			
Starting Salary	Final Salary	City	State	Ph_____	
		Supervisor		Ph_____	Reason for Leaving

EDUCATION AND TRAINING

Name of school and address	No. of years	Course or major	Diploma/Degree

Professionals and technical applicants only

Professional License No.	Type of License	Place of issue	Expiration date

Membership in professional organizations

If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification? Yes No If yes, please give the date, location, and disposition of your case. _____

REFERENCES (PLEASE DO NOT LIST RELATIVES)

Name and Occupation	Address	Phone Number

Please use the space below for any additional information necessary to describe your full qualifications (i.e., specialty areas, such as special equipment, typing speed, computer software programs, etc.)

Do you speak, read or write in any language other than English?

Yes No If yes, please describe _____

PLEASE READ CAREFULLY

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTIONS UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING.

Do you believe you would be able to perform the essential functions of the job for which you are applying?

Answer yes or no. Yes No

Is there any accommodation that you believe can reasonably be made which would permit you to perform the essential functions of the job for which you are applying? Answer yes or no. Yes No

Please explain your answer. _____

I here by certify that the answer to the foregoing questions are true to the best of my knowledge and agree to have any of the statements checked by HealthPartners Management Group, Inc. unless I have indicated to the contrary.

I am aware that a more detailed investigation concerning my background and credit may also be conducted, if applicable to the job for which I am applying, and I hereby authorize such an investigation.

I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

Should a job offer be made, I consent to taking a pre-placement physical examination and such future examinations as may be required by HealthPartners Management Group, Inc. I understand that any job offer or my continuing employment, if hired, is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation to successfully perform the essential functions of my job. I agree that the results of my medical/health screen may be released to appropriate agencies in the event of a worker's compensation injury and/or dispute on payment of a medical claim. I understand that as part of my pre-placement physical examination, upon which any offer of employment is contingent. I will be required to successfully pass a drug screening test. The test will be administered at HealthPartners Management Group, Inc.'s expense, and will require me to provide a urine specimen for analysis. The urine specimen will be analyzed for the presence of marijuana, cocaine, phencyclidine (PCP), opiates and amphetamines. Results of the drug test are confidential, and will not be disclosed to others without my specific written consent. My signature below specifically signifies my consent to this pre-placement drug screening test.

I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that nothing contained in this employment application is intended to lead to or create an employment contract between HealthPartners Management Group, Inc. or any subsidiary or affiliate and myself which would in any way restrict the right of the company to terminate my employment at will.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will, and either I or HealthPartners Management Group, Inc. or any subsidiary or affiliate may terminate the relationship at any time.

I understand that any omission, misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations herein or in conjunction with the application process may be cause for dismissal.

I understand that any and all disputes regarding my employment with HealthPartners Management Group, Inc, including any disputes relating to the termination of my employment, are subject to the HealthPartners Management Group Fair Treatment Process, which includes final and binding arbitration, and I also understand and agree as a condition of employment and continued employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the Arbitration panel as the final and binding decision and resolution of any such disputes I may have.

Applicant's Signature _____ **Date** _____