



**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 CLEARLY

**PERSONAL DATA** Date \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Initial

Present Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Street Number and Name

\_\_\_\_\_ 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

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? 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.

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

