



RED WING HEALTH CENTER

CHECKLIST FOR PROSPECTIVE EMPLOYEES

The following paperwork will be necessary **BEFORE YOU MAY BEGIN EMPLOYMENT** at Red Wing Health Center. Please bring them to your pre-employment screening interview.

1. **AN AGE VERIFICATION CERTIFICATE** is necessary if you are under 18, enrolled in high school, and **DO NOT HAVE A DRIVER'S LICENSE OR AN I.D. CARD**. This certificate is obtained from your school's business office.
2. Acceptable documents that verify your identification for employment eligibility: **(ONE from the following group)**.
 - A. U.S. Passport
 - B. Certificate of U.S. Citizenship
 - C. Certificate of Naturalization
 - D. Unexpired Foreign Passport with attached Employment Authorization
 - E. Alien Registration Card with photograph

OR;

You must have ONE from EACH of the following groups:

GROUP #1

1. A State-Issued Driver's License or State-Issued I.D. Card with a photograph; or **Information, including name, sex, date of birth, height, weight, and color of eyes.**
2. U.S. Military Card
3. Other Official Document

GROUP #2

4. Original Social Security Number Card
 5. A Birth Certificate Issued by the State, County, or Municipal Authority bearing a seal or other certification
 6. Unexpired INS Employment Authorization
3. If you are a **WISCONSIN RESIDENT**, you must have your last year's total annual income earned in **Minnesota**.
 4. If you have a **COURT-ORDERED CHILD SUPPORT OBLIGATION** which is required by law to be withheld, you must have a copy of the Court Order.
 5. We will be asking you to decide the number of exemptions which you wish to list on your W-4 Withholding Statement, so please make this decision.

Should you need to obtain a picture I.D., it can be applied for at the Driver's License Bureau, and a Social Security Card can be applied for by contacting Social Security Administration at 1-800-772-1213.

6. If you are applying for a licensed job, you must have a current license from the State of Minnesota
7. If you are applying for a job requiring a certification [CNA or TMA], you must have a current certification from the State of Minnesota.

If a driver's license is required for your job (Bus Driver), you must have a current Commercial Driver's

RED WING HEALTH CENTER
APPLICATION FOR EMPLOYMENT

Red Wing Health Center ("Red Wing") is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under any federal, state, or local law, including race, color, creed, religion, age, sex, sexual orientation, sexual harassment, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, membership or activity in any local commission, status regarding public assistance, membership or non-membership in any labor organization, or any other protected characteristic. None of the questions in this application are intended to elicit information regarding any protected characteristics, or imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics.

Please Answer ALL Questions Completely - Please Print - Be Sure to Complete All Applicable Pages.

Personal Information

Name _____
last first mi..

_____ *Address City State Zip*

Home Phone: _____ Other Phone: _____
(Or how you can be reached)

Social Security Number _____ (voluntary information - not mandatory unless employed, used for record keeping information)

Are you under 18 years of age? NO YES

Are you legally eligible for employment in the U.S.A? NO YES If yes, verification will be required.

Were you previously employed by Red Wing Health Center? NO YES When? _____

Reason for leaving? _____

Position(s) applying for today? _____

Availability Check the types of work you will accept. Full-time Part-time

Shift work: Days PMs Nights

Hours Available _____ Date Available for Employment _____

What prompted you to apply with Red Wing Health Center for employment?

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? NO YES

If yes, explain (a yes will not automatically disqualify you).

Education:

	<i>Dates Attended</i>	<i>Name and Location of School</i>	<i>Did You Graduate?</i>	<i>Title of Diploma/Degree</i>	<i>Major</i>
<i>High School</i>					
<i>Business/Technical School</i>					
<i>Military/Other</i>					
<i>College or University</i>					

List fields of work for which you are licensed, registered or certified giving dates(s), source(s) of issuance, and number(s). _____

WORK HISTORY Account for the past 3 employers. If you do not have 3 employers, list personal references and their relationship to you.

CURRENT EMPLOYER & ADDRESS	PHONE	POSITION & STARTING PAY	SUPERVISOR'S NAME & TITLE	DATES OF EMPLOYMENT
		Circle:Part-time / full-time		From: To: Final Wage: \$
Describe the work that you did:		Reason for leaving:		
May we contact? If not, why not?				

EMPLOYER NAME & ADDRESS	PHONE	POSITION & STARTING PAY	SUPERVISOR'S NAME & TITLE	DATES OF EMPLOYMENT
		Circle Part-time / full-time		From: To: Final Wage: \$
Describe the work that you did:		Reason for leaving:		

EMPLOYER NAME & ADDRESS	PHONE	POSITION & STARTING PAY	SUPERVISOR'S NAME & TITLE	DATES OF EMPLOYMENT
		Circle Part-time / full-time		From: To: Final Wage: \$
Describe the work that you did:		Reason for leaving:		

References: May we contact your present and previous supervisors for a reference? NO YES if no, please explain.

Have you ever been discharged by an employer? Yes No If yes, please explain all such terminations:

You may be assigned to varied duties from time to time if hired. Is there anything that would prevent you from performing various types of work? Yes No If yes, please explain:

If you are employed and your background check determines you cannot work in Health Care we will be required to terminate your employment.

PLEASE READ AND SIGN:

I certify that I have given true, accurate and complete information (application, work history, skills inventory, resumes, curriculum vitae, etc.). I authorize employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information, or a failure to disclose information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed. I expressly waive any right I may have to review material or information received from a previous employer or educational institution under a promise of confidentiality.

Signature (unsigned applications will not be processed)

_____ Date: _____
An Equal Opportunity/Affirmative Action Employer

RED WING HEALTH CENTER
AFFIRMATIVE ACTION AUDIT QUESTIONNAIRE

**The completion of this form is voluntary;
The applicant may choose NOT to fill it out.**

As part of Red Wing Health Center's Affirmative Action Plan, we track the number of Minorities who apply for positions and the number of Minority and Disabled who are hired.

RED WING HEALTH CENTER IS
AN EQUAL OPPORTUNITY EMPLOYER.

CIRCLE THE APPROPRIATE ANSWER

I am: Female Male

MY ANCESTRY IS PRIMARILY

Hispanic American Indian/Alaskan Native
Black Asian/Pacific Islander
Caucasian (White)

I HAVE

A Disability No Disability

For Office Use: Applicant #: _____



RED WING HEALTH CENTER

**TO HELP US IDENTIFY
WHICH JOB PLACEMENT ADS
ARE REACHING JOB CANDIDATES
WE WOULD APPRECIATE IT IF YOU WOULD TAKE A MINUTE
TO FILL OUT THIS FORM.**

Position Applied for: _____ **Date:** _____

WHERE DID YOU HEAR ABOUT THE POSITION OPENING YOU ARE APPLYING FOR?

_____ **SHOPPER** _____
(Name of Shopper)

_____ **NEWSPAPER** _____
(Name of Newspaper)

_____ **JOB SERVICE**

_____ **FRIEND**

_____ **FAMILY MEMBER**

_____ **OTHER** _____
(Explain)

THANK YOU FOR HELPING US ASSESS OUR JOB PLACEMENT ADS!