Stellar Health Care, Inc. **EMPLOYMENT APPLICATION**

Position applied for: _____ Social Security #: _____

Name: _____ Have you ever been known by another name?: _____
Last First Middle

Address: _____ Date available: _____
Street City State Zip

Home Phone: ( ) _____ Work Phone: ( ) _____

Are you at least 16 years of age?: ☐ Yes ☐ No Do you have the legal right to work in the U.S.?: ☐ Yes ☐ No

Please complete the application in its entirety.

Mark all shifts you are available to work: ☐ Days ☐ Evenings ☐ Nights ☐ Weekends

Availability?: ☐ Full time ☑ Part time # of hours every 2 weeks: | Salary requirements?: ☐ Yes ☐ No I require $

Employment Record: List employment of the last five years with most current listed first. Include military service. Please complete this section even if submitting a resume. Attach an additional sheet if necessary.

May we contact your present employer?: ☐ Yes ☐ No

Name of Company			
Address			
City, State, Zip			
Phone	( )	( )	( )
Your job title	#hrs/wk	#hrs/wk	#hrs/wk
Salary	start: end:	start: end:	start: end:
Supervisor			
Describe your duties/responsibilities of your job			
Dates employed	from: to:	from: to:	from: to:
Reason for leaving			

Education	Name & Address	Years Completed	Grade point average	Graduated		Degree/Major
High school/G.E.D.		9 10 11 12		Yes	No	
College		1 2 3 4 5 6 7 8		Yes	No	
Vocational/Tech.		# Months		Yes	No	
Military		# Months		Yes	No	
Other				Yes	No	

Office Skills Check off those with which you have skilled experience:

☐ Word ☐ E-mail ☐ Flow charting ☐ Power point ☐ Access ☐ Excel ☐ Outlook ☐ Medical terminology
☐ Internet ☐ Windows 2000 or > ☐ Project Manager ☐ Medical Transcription ☐ Other: ☐ Key board speed wpm

Additional Skills or Training (related to the job you are applying for)

Professional Certification/Licenses

License/Registration # | Profession | Expiration Date:

Are there any restrictions on your License?
☐ Yes ☐ No If yes Explain:

Is your license now or has it ever been under investigation or encumbered in MN or any other state?
☐ Yes ☐ No If yes Explain:

Specific Certification & Expire Date
☐ CPR Date: _____
☐ First Aide Date: _____

References: Work or Education Related.

Name	Address	Phone: daytime	Occupation
1			
2			
3			

Agreement: I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of information with my application and/or interview will be sufficient cause, in and of itself, for rejection or dismissal when ever discovered. I understand and agree that an offer for employment may depend upon satisfactory completion of a pre-employment screen. I understand and agree if I am hired my employment will be for an indefinite period of time and can be terminated for any or no reason by Stellar Health Care or its associates. I also understand that while Stellar Health Care and its associates supports current policies and benefits, it retains the right to change them at any time, with or without notice. I also understand that if hired my hours may increase or decrease and/or my shift may change due to fluctuations in customer census or needs. I herby authorize Stellar Health Care and its associates to contact the employers, schools, and references which I have provided. I give my permission for the release of any information requested for evaluating my employment and hereby release all parties from liability for furnishing this information.

Signature: _____ Date: _____

Parent if under 18: _____