



218-463-2500
715 Delmore Drive
Roseau, MN 56751
www.lifecaremedicalcenter.org

**EMPLOYMENT
APPLICATION**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

NAME / LAST, FIRST, MIDDLE

POSITION

DATE

PERSONAL (Please print or type)

Last Name			First	Middle	Date
Street Address					Home Telephone
City, State, Zip					Work Telephone
Position Applied For					Date Available
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary
If yes: Month and Year _____ Department _____					
Have you ever been employed by this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Position/Dept. _____					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					Shift Preference <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Have you ever been convicted of a felony? If yes, explain. (A felony conviction does not automatically disqualify you from employment)					
Are you legally eligible for employment in the United States?					

EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Degree of Diploma
High School				
Business Trade Technical				
College				
Other (Specify)				

PERSONAL REFERENCES

Names and complete address	Occupation	Telephone No.	Years Known
1. _____ _____			
2. _____ _____			
3. _____ _____			

Applicant's Statement

The information I have given in my Application for Employment is true and complete. I understand that any false statement, concealment or failure to answer any question fully and accurately is grounds for my rejection for employment or termination of my employment with LifeCare Medical Center.

I authorize investigation of all information contained in the Application for Employment and all previous employers or others to provide information concerning me or my employment record to LifeCare Medical Center representatives; I release such persons and organizations from any claim or liability arising out of such investigation or providing information.

I understand and agree that, if I am employed by LifeCare Medical Center, no contract for employment, expressed or implied, is created by this Application for Employment or offer of employment. Employment, if offered, shall be "at will" meaning that my employment may be terminated at any time for any legal reason or no reason with or without cause, regardless of any oral or written statement, policy or practice or without prior notice.

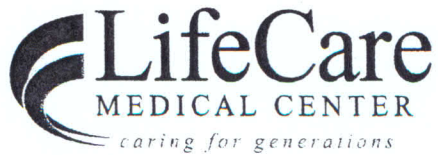
I agree that, if employed by LifeCare Medical Center, to read and comply with all policies, practices, procedures and other conditions of employment and that LifeCare Medical Center, may change any of these conditions at any time with or without notice.

I understand and accept that I may be required to submit to a medical examination at the time of my initial employment and as requested in order to determine my fitness for employment with LifeCare Medical Center.

I may legally work in the United States and agree to provide evidence to that effect if offered employment by LifeCare Medical Center.

Applicant's
Signature _____

Date _____



LifeCare Medical Center has adopted standards of behavior for both our customers and for each other. It is our expectation that all employees will comply with the following behavior.

for our customers

Because you matter, we, as employees of LifeCare Medical Center, will create a positive and caring atmosphere through compassion, accountability, respect, and excellence.

- We will make you feel welcome by acknowledging you in a warm and sincere manner.
- We will listen attentively to your concerns.
- We will respect your privacy and respond to your needs in a prompt and professional manner.
- We will explain what we are doing and why, in a way you can understand.
- We will involve you in decisions about your care.
- We will do our best to make sure your needs are met while you are in our care and after you leave.
- We will “go the extra mile” to make your experience with us an exceptional one.

for each other

Because we matter, we will:

- Remember why we’re here.
- Embrace our differences.
- Support each other.
- Practice patience and understanding.
- Eliminate negativity.
- Communicate respectfully.
- Treat each other like customers.

As a potential employee of LifeCare Medical Center, I agree to adhere to the above standards of behavior.

Name

Date

LifeCare Medical Center
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AFFIRMATIVE ACTION SURVEY

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. The company is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application form.

Applicant Name: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE:

- Male
- Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian Or Alaska Native
- Two or More Races

HOW WERE YOU REFERRED TO THIS JOB:

- School/College
- Advertisement
- Search Firm
- State Job Service
- Government Agency _____
- Walk-In
- Advertisement
- Employee Referral _____
- Other _____