

FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE # ()
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REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Skills and Qualifications

Summarize any training, skills licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

References

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____ / ____ / ____

Position for which you are applying or current position: _____



APPLICANT/EMPLOYEE VOLUNTARY EEO SELF-IDENTIFICATION FORM

St. Paul Heart Clinic is an equal opportunity employer. SPHC is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Self-identification is voluntary and there will be no negative consequences if you elect not to disclose this information. The information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, the data will not identify any specific individual.

SPHC does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or any other characteristic protected by applicable law.

Please print legibly in blue or black ink.

Name First: _____ Middle: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Current Work Site (if applicable): _____

_____ Decline to disclose

GENDER: _____ Male _____ Female

ETHNICITY:

Circle: YES or NO: Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

IF YOU CIRCLED “YES” TO THE QUESTION ABOVE, PLEASE DO NOT FILL OUT THE REMAINDER OF THIS FORM.

IF YOU CIRCLED “NO” TO THE QUESTION ABOVE, PLEASE CHECK ONE DESCRIPTION BELOW:

RACE:

_____ *White (not Hispanic or Latino)* – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

_____ *Black of African American (Not Hispanic or Latino)* – A person having origins in any of the Black racial groups of Africa

_____ *Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)* – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

_____ *Asian (Not Hispanic or Latino)* – A person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia Pakistan, the Philippine Islands, Thailand, and Vietnam

_____ *American Indian or Alaskan Native (Not Hispanic or Latino)* – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition

_____ *Two or More Races (Not Hispanic or Latino)* – All persons who identify with more than one of the above five races