

Duluth 4325 Grand Ave, Duluth, MN 55807 Superior 2222 E 5th St, Superior, WI 54880 Duluth Chiropractic 4602 Grand Ave Suite 1000, Duluth, MN 55807

Application for Employment An Equal Opportunity Employer

Position(s) applied for				
Date of application				
Referral Source: Advertisement Government Emplo		Relative Walk-in		
Private Employmen		Other		
Name of Source (if applicable)			_	
Name				
Last	First		Middle	
AddressStreet		City	State	Zip
Email Address				r
Telephone Number ()				
If necessary, best time to call you at home	e is:			
May we contact you at work?Yes	No			
If yes, work number and best time to call	()	;;		
If you are under 18, can you provide a wo	rk permit?	YesN)	
Have you filed an application here before?	? Yes No	If yes, give date	e	
Have you ever been employed here before	e?Yes No			
If yes, give dates: From	То			
Are you legally eligible for employment in (Proof of U.S. Citizenship or immigration s				
Date available for work				
Type of employment desiredFull-T	Γime Part-Ti	me Temporary	/	
Are you on lay-off and subject to recall?		Ye	esNo	
Will you travel if your job requires it?		Ye	es No	
Will you work overtime If required?			es No	
Do you possess a valid Minnesota or Wise	consin Driver's lice			

Employment History List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

1		
Employer Name:		
Job Title:		
Supervisor Name:		
Employer Address:		
City, State and Zip Code:		
Employer Telephone:		
		То
Dates Employed:		То
Reason for leaving:		
Hourly Rate/Salary Starting:		Ending:
May we contact for reference	e: Yes No	
Job Responsibilities:		
-		
2 Employee Normal		
Employer Name:		
Job Title:		
Supervisor Name:		
Employer Address:		
City, State and Zip Code:		
Employer Telephone:		
Dates Employed:	From	То
Reason for leaving:		
Hourly Rate/Salary Starting:		Ending:
May we contact for reference		0
Job Responsibilities:		
3		
Employer Name:		
Job Title:		
Supervisor Name:		
Employer Address:		
City, State and Zip Code:		
Employer Telephone:		т.
Dates Employed:	From	То
Reason for leaving:		
Hourly Rate/Salary Starting:		Ending:
May we contact for reference	e: Yes No	
Job Responsibilities:		

4			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:	From	То	
Reason for leaving:			
Hourly Rate/Salary Starting		Ending:	
May we contact for reference	ce: Yes No		
Job Responsibilities:			

Comments (including explanation of any gaps in employment)

Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying.

Educational Background (if job related)

List last three (3) schools attended, starting with most recent. List number of years completed. Indicate degree or diploma earned, if any. Grade Point Average or Class Rank and Major and minor field of study (if applicable).

School Name:	Location (City, State)
Degree/Diploma:	GPA Class Rank:
Major:	Minor:

2.

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School Name:	Location (City, State)
Degree/Diploma:	GPA Class Rank:
Major:	Minor:

3.

School Name:	Location (City, State)
Degree/Diploma:	GPA Class Rank:
Major:	Minor:

Language	Speak Some	Speak Fluently	Read	Write

List any foreign language(s) you know and check the boxes that describe your skill level.

References

List name and telephone number of three business/work references that are not related to you. If not applicable, list three schools or personal references that are not related to you.

Name	Telephone	Years Known	Relationship (Ex: co-worker, supervisor, etc.)

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Organization	Office(s) Held

List special accomplishments, publications, or awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation or failure to disclose by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application will be current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that, if hired, I am an employee at will, and that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodation that would be required by the ADA.

Signature of Applicant: _____

Date _

IDENTIFICATION OF PROTECTED GROUPS CONFIDENTIAL INFORMATION

For research purposes and to assess the effectiveness of Lake Superior Community Health Center's Affirmative Action Plan, we request that you provide the information listed below. The information will be kept strictly confidential and kept separate from all hiring documents. Completing this form is strictly voluntary and will have no effect upon your employment. The statistics gathered from this form help us assess our outreach and recruitment efforts.

Position Applied For:			
Your Name:			
How did you hear about this po	sition?		
Please check as appropriate: Male	Female	Vietnam Era Veteran	Disabled Veteran

Race Ethnicity (please check only one)

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	Black or African American (not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.
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 attachment.	Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
White (Not Hispanic or Latino)- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	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.
Two or more races (not Hispanic or Latino) – All persons who identify with more than one of the above races.	I decline to answer this form

If you have any questions concerning the above information, please contact Human Resources at (218) 624-6586.

Please email completed application to lschhumanresources@lschc.org