



At

Scandi Haven Village
1710 McKinney Avenue
Benson, MN 56215
320-843-4728

Application for Employment

Date of Application: _____

Position Applied For: _____

Applicant Name: _____

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Progressive Care.

Demographic Information

Name (Last, First, Middle): _____

Address (Street, City, State, Zip Code): _____

Telephone # (): _____ Other Phone # (): _____ Best Time to Call: _____

Referral Source

Do you have any friends or family who work (or have worked) here? No Yes

If yes, please state name and relationship: _____

If no, how did you hear of Progressive Care? _____

Employment Status

Are you currently employed? No Yes

May we contact your current employer? No Yes

Will you work overtime if required? No Yes

Are you legally eligible to be employed in the United States? No Yes

Are you over the age of 18 years? No Yes

Have you ever submitted an application here before? No Yes

Have you ever worked for this company before? No Yes

Availability

What shifts are you available to work? Day Afternoon Midnight Number of hours/week would be ideal for you? _____

What date are you available to begin employment? _____ Desired salary/pay range: _____

Education and Training

School (include city and state)	Years Completed	Diploma, Certificate or Degree Earned
School (include city and state)	Years Completed	Diploma, certificate or Degree Earned
Additional Training or Certifications?		

Employment History

Starting with your most recent employer, provide the following information

Employer	Telephone #	Dates Employed	Month/Year /	Month/Year to	Month/Year /
Street Address	City	State	Starting Wage	Final Wage	
Position Held/Title		Immediate Supervisor	Telephone #		
		May we contact for reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Reason for Leaving?					
Summarize the type of work performed:					

Employer	Telephone #	Dates Employed	Month/Year /	Month/Year to	Month/Year /
Street Address	City	State	Starting Wage	Final Wage	
Position Held/Title		Immediate Supervisor	Telephone #		
		May we contact for reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Reason for Leaving?					
Summarize the type of work performed:					

Employer	Telephone #	Dates Employed	Month/Year /	Month/Year to	Month/Year /
Street Address	City	State	Starting Wage	Final Wage	
Position Held/Title		Immediate Supervisor	Telephone #		
		May we contact for reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Reason for Leaving?					
Summarize the type of work performed:					

APPLICANT STATEMENT

I certify that the facts contained in this application are true, accurate and complete. I understand that, if I am hired, any false or misleading statements or omissions on this application may result in my dismissal. I authorize investigation of all statements contained herein and authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I acknowledge that any offer of employment is contingent on the satisfactory completion of such investigation.

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without cause by either Progressive Care or myself. This is an "at will" employment relationship and may not be changed by any document. In the event that I am hired, I understand that regardless of the job that I am first assigned, I may be required to accept a change of position or location depending on my demonstrated skills after employment and the needs of Progressive Care.

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

Applicant Signature

Date

Applicant PRINTED Name