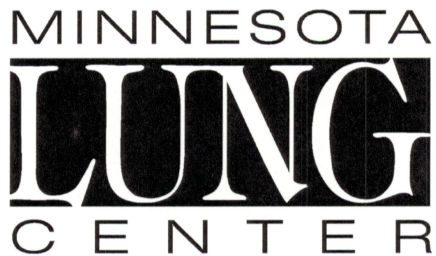


EMPLOYMENT APPLICATION



Minnesota Lung Center
Minnesota Sleep Institute

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

PERSONAL DATA

Name	(Last)	(First)	(Middle)	DATE
CURRENT ADDRESS				TELEPHONE
Street		City	Zip	()
PERMANENT ADDRESS				TELEPHONE
Street		City	Zip	()
DAYTIME PHONE	CELL PHONE/EMAIL ADDRESS			Are you over the age of 16? Yes No
Can you provide documentation to verify your identity and legal authority to work in the United States? Yes No				

POSITION APPLYING FOR

POSITION OR TYPE OF WORK DESIRED:	Circle those you are interested in: Full-Time Part-Time Temporary
CIRCLE DAYS AVAILABLE M T W TH F S SU	HOURS AVAILABLE Days Evenings
DATE AVAILABLE	
How did you hear about COMPANY?	
WAGE OR SALARY ACCEPTABLE \$ /hr -or- \$ /yr	Have you ever been employed by MLC/MSI? _____ Yes _____ No If yes, when? _____

EDUCATION AND TRAINING

Grade, Trade, or High School	Tech./College	Graduate
Circle last year completed		
1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3
List all high schools, business or trade schools, and colleges attended.		
NAME AND LOCATION	MAJOR/MINOR	DEGREE GRANTED

List extracurricular activities (include offices held, scholarships, awards, honors, sports, etc.) You are not required to list activities which may reveal your race, age, religion, sex, national origin, marital status, sexual orientation, or any disability.

EMPLOYMENT RECORD

Please list employers (full-time and part-time) and military service. If you list any employment prior to 5 years from today's date, do not list the dates of employment. Instead, for all employment more than 5 years from today, list the total number of years and months you were consecutively employed by each employer (i.e., 2 years, 5 months). Please indicate what name you used during these periods of employment, if different from your present name.

CURRENT/MOST RECENT	Employer	From ___/___ To ___/___ (Mo./Yr.) Mo/Yr.
	Address	Telephone ()
		Last Wage or Salary
	Position Title	Supervisor and Title
	Summary of Duties	
	Reason for Leaving	Hours Worked Per Week
FIRST PREVIOUS	Employer	From ___/___ To ___/___ (Mo./Yr.) Mo/Yr.
	Address	Telephone ()
		Last Wage or Salary
	Position Title	Supervisor and Title
	Summary of Duties	
	Reason for Leaving	Hours Worked Per Week
SECOND PREVIOUS	Employer	From ___/___ To ___/___ (Mo./Yr.) Mo/Yr.
	Address	Telephone ()
		Last Wage or Salary
	Position Title	Supervisor and Title
	Summary of Duties	
	Reason for Leaving	Hours Worked Per Week
THIRD PREVIOUS	Employer	From ___/___ To ___/___ (Mo./Yr.) Mo/Yr.
	Address	Telephone ()
		Last Wage or Salary
	Position Title	Supervisor and Title
	Summary of Duties	
	Reason for Leaving	Hours Worked Per Week

If you were self-employed or unemployed for three consecutive months or more within the past five years, please indicate the dates and provide an explanation below.

May we contact all of the above employers for references? If no, list the employers not to be contacted and give reason.

Employer _____ Reason _____

Employer _____ Reason _____

Please list membership(s) in professional or civic organizations. You are not required to list any which reveal your race, age, religion, creed, sex, color, national origin, marital status, sexual orientation, disability, or status with regard to public assistance.

If you need additional space to complete any of the previous items, please attach a separate sheet to this application form.

IMPORTANT – READ BEFORE SIGNING

I authorize Minnesota Lung Center / Minnesota Sleep Institute to investigate the information contained in this application or otherwise provided by me and release Minnesota Lung Center / Minnesota Sleep Institute (and its employees and agents) from any and all liability for seeking information and opinions on me. I authorize all employers, educational institutions, entities, and persons listed in this application or identified by me to provide information about me and hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I certify that the information I provided the Minnesota Lung Center / Minnesota Sleep Institute in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in the application or during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

I understand that nothing contained in this employment application or in the granting of an interview, and no Minnesota Lung Center / Minnesota Sleep Institute policies, procedures, or handbooks that I might receive if I am hired, are intended to create an employment contract between Minnesota Lung Center / Minnesota Sleep Institute and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Minnesota Lung Center / *Minnesota Sleep Institute unless made in writing and signed by an authorized officer of* Minnesota Lung Center / Minnesota Sleep Institute. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that Minnesota Lung Center / Minnesota Sleep Institute retains the same right.

Applicant's Signature _____ Today's Date _____