

Employment Application

Midwest Health Solutions

408 W 6th Street
Crooks, SD 57020

PRINT ONLY

Note: We are an At-Will Employer

Position Applied for: _____

Full Time Part Time Other

First Name (Full Name) **Middle** **Last**

Have you used any other name? If so, please specify Social Security Number

Street Address: _____
Number/Street City State Zip

Mailing Address: (if same, leave blank) _____
Number/Street City State Zip

Email: _____

Telephone Number: _____

Driver's License Number: _____

Have you ever had your driver's license suspended or revoked? Yes No

If yes, list reason: _____

Are you over 18 years of age? Yes No

Have you ever been convicted of a crime? Yes (If yes, please explain). No

Can you, after employment, submit verification of legal right to work in U.S.? Yes No

May we contact your present employer? Yes No

Employment Application**Midwest Health Solutions**408 W 6th Street
Crooks, SD 57020**WORK EXPERIENCE-** Please list the jobs held in the last 5 years, with the most recent first.

Name of Employer:	Address:	Dates Worked:	Supervisor:
Phone:		From:	
		To:	
Job Title and Type of Work:		Reason for Leaving:	
List general duties performed:			

WORK EXPERIENCE

Name of Employer:	Address:	Dates Worked:	Supervisor:
Phone:		From:	
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Job Title and Type of Work:		Reason for Leaving:	
List general duties performed:			

WORK EXPERIENCE

Name of Employer:	Address:	Dates Worked:	Supervisor:
Phone:		From:	
		To:	
Job Title and Type of Work:		Reason for Leaving:	

Certifications:

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Please list Two References

Name:	Name:
Email:	Email:
Phone Number:	Phone Number:
Years Known:	Years Known:
Relationship to candidate:	Relationship to Candidate:

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APPLICATION ACKNOWLEDGEMENTS

	Yes	No
<p>At-Will Employment This company maintains an At-Will Employment arrangement with all employees. I understand that if hired, the employment will not be permanent; instead the employment will be At-Will meaning that either party may terminate this agreement at any time, with or without cause, at-will.</p>		
<p>Dependent Care If hired, I understand due to the nature of the business, (taking care of dependent people) <u>I will have dependent people, and my co-workers relying on me to come to work when scheduled and on time,</u> unless I am prevented to so because of illness or emergency. In the event I am not able to come to work, I will immediately find my own replacement and notify work to ensure proper staff coverage. I further understand that although this employment relationship is At-Will that I am not allowed to walk off my job, and leave the residents unsupervised at anytime.</p>		
<p>Physical and Mental Ability I understand that due to the nature of the business; (taking care of dependent people) I must always have the physical and mental ability to do the job. If I am disabled, or become disabled, I understand that I can request the company to make reasonable accommodations to assist me, however, the company may refuse if it compromises resident care, or causes an undue hardship on the company.</p>		
<p>Criminal Behavior I understand that in order to work in this type of business I must have satisfactory criminal record. If hired, I understand that a background check will be conducted.</p>		
<p>Drug and Alcohol Policy I understand that prior to my acceptance of employment, and if hired, during my employment, I may be tested for the use of illegal drugs, and if found positive for use, my relationship with this company will be immediately terminated. I further understand that if hired, and I am found under the influence of drugs or alcohol while at work I will be immediately terminated.</p>		
<p>Non-Discrimination Policy I understand this company does not discriminate against applicants because of race, age, color, religion, gender, disability, military status or sexual preference, and that hiring is based on qualifications, personal characteristics, background check and interview.</p>		
<p>Information Verification I hereby give my permission for Midwest Health Solutions to contact the previous employers, schools, and other contact the previous employers, schools and other contacts I have listed hereby release this company, and listed contacts from any liability arising from such communication of information. I understand that any falsification of this information is just cause to refuse hiring, and falsifications discovered later, if hired, will be grounds for immediate termination.</p>		
<p>Applicant's Signature:</p>		<p>Date:</p>
<p><i>THANK YOU FOR YOUR INTEREST IN Midwest Health Solutions!</i></p>		

Please return to midwesthealthsolutions.contact@gmail.com