



111 4<sup>th</sup> St SE  
 Huron, SD 57350  
 Phone (605) 352-8691  
 info@huronclinic.com

## Applicant's Statement

- I understand that this application will be given every consideration, but is not a promise of employment.
- I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time, with or without notice, and the company has the same right. No one other than the clinic administrator has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 120 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.
- I authorize Huron Clinic Foundation, Ltd. to contact my previous employers to review employment history, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

➤ **DO NOT sign until you have read the above statement completely.** ◀

## Personal Information

Last Name		First Name		Middle Name
Present Street Address			City, State, Zip	How long have you lived here?
Previous Street Address			City, State, Zip	How long did you live there?
Home Phone	Social Security Number		If you are under 16, state your age:	
Are you authorized for employment in the U.S.?		yes	no	E-mail address:

## Education

Type of School	Name and Location of School	Degree / Area of Study	Number of Years	Graduated
High School				Yes No
College				Yes No
Graduate School				Yes No
Other				Yes No

# Employment History

Dates To/From	Name and Address of Employer (start with your most recent job)	Position held (May we contact?)	Supervisor <i>check one</i>	List major duties	Wages Starting / Final	Reason for leaving
			Y    N			
			Y    N			
			Y    N			
			Y    N			
			Y    N			

## Miscellaneous

Position Applied for:		On what date would you be available?	
Are you available to work    Full Time    Part Time    Temporary		Salary Desired \$ _____ per _____	
Have you ever been convicted of a felony within the last 7 years?    Yes    No    If yes, please explain:			
State any additional information you feel may be helpful to us in considering your application:			
Indicate any foreign languages you can speak, read and/or write:			
Do you have a current resumé?    Yes    No    If yes, please attach to application			
<b>References:</b>	Name	Phone #	
	Name	Phone #	
	Name	Phone #	

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

For Administrative Use Only
Date Application Received:
Interview Scheduled:
Notes: