



745 East 8th Street
 Winner, South Dakota 57580-2677
 Phone: (605) 842-7100 • Fax: (605) 842-7198

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. This facility is an Equal Opportunity Employer. Employment, educational opportunities and promotions in all job classifications are without regard to race, creed, sex, age national origin, religion, disabilities or military status.

Application Date: _____

I. Personal Information

Name (First, Middle, Last) _____ SSN _____

Address _____ Telephone # _____

City, State _____

Position(s) applied for _____ Date available for employment _____

Are you under age 16? () yes () no

Have you worked at Winner Regional Healthcare Center? () yes () no

If so, when?

Are you willing to work – Days _____ Evenings _____ Nights _____ Holidays _____ Weekends _____

Type of employment – Full-time _____ Part-time _____ Regular Part-time _____

II. Military Service/Branch _____

Dates of Service _____ Highest rank achieved _____ Duties _____

III. Professional Information (Attach Copy of License)

Current license type _____ Number _____ Year _____ State _____

List areas of experience in your profession

Drug Free Workplace:

Our policy is to promote and provide a safe, healthy environment for our residents, employees, medical staff and visitors. Therefore, smoking is not permitted in the facility and the use of illegal drugs is prohibited.

If I am employed, I will uphold the smoking/drug free workplace policy. Yes _____ No _____

An application blank may make it difficult for you to adequately summarize your background. To assist us in finding the proper position for you with Winner Regional Healthcare Center, use the space below to summarize any additional information necessary to describe your full qualifications for employment or future promotion. You may include a copy of your resume.

Applicant's Statements

I hereby give Winner Regional Healthcare Center the right to investigate my past employment, education and activities. I release from all liability all persons, schools, companies and corporations who supply such information. I release Winner Regional Healthcare Center against any liability that might result from such investigation. I understand that any false answer or statements or implications I might make in this application or in any other required document shall be considered sufficient cause to deny employment or for discharge if already employed.

I understand that prior to employment, action will be taken to determine applicant exclusion from any Federal Health Program or any other sanctions for violation of the law. These steps shall include, but not limited to, checking the website list of persons excluded from Medicare and Medicaid programs, as well as those individuals debarred due to contractual arrangements. Individuals who appear on either list shall not be offered employment unless official documentation proves absolute from incident.

I also understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between Winner Regional Healthcare Center for employment or for any benefit. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on Winner Regional Healthcare Center unless an employment relationship is established. I understand that I have the right to terminate my employment at any time and that Winner Regional Healthcare Center has the same discharge rights.

I understand that if hired, employment is contingent upon the successful completion of a health assessment. Also, if hired at Winner Regional Healthcare Center, prior to my first day of work, I will be required to verify that I am either a U.S. citizen or a legal resident foreign national.

Date _____ Applicant's Signature _____

For Human Resources Use Only

Verification of applicant employment eligibility regarding Federal Health Program Compliance:

Website review _____ (Date)

Status: _____ Listed _____ Not Listed

Verification completed by _____

Interviewed by: _____ Remarks: _____

Date: _____

Interviewed by: _____ Remarks: _____

| Start Date and Time | Department | Job Title | Salary |
|---------------------|------------|-----------|--------|
| _____ | _____ | _____ | _____ |

By _____

Termination Remarks _____

Date of Termination _____ Signature _____

Comments of Manager _____

For Personnel Department Use Only

Position(s) applied for _____ Available Not Available

Other positions considered for _____

Hired _____ Yes No Date of Hire ____/____/____

Position hired for _____

EEO Classification _____

- | | | |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes _____

Completed by _____ Date ____/____/____

IV. Employer History (Please include additional information on a separate sheet.)

| | | | |
|--|---------------------------------|--------------|--------------------------|
| Present or Last Employer _____ | Title _____ | Salary _____ | Reason for Leaving _____ |
| Address (Street, city, State, Zip) _____ | Duties _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Supervisor _____ | _____ | _____ | _____ |
| Phone # _____ | Dates of Service _____ to _____ | _____ | _____ |

| | | | |
|--|---------------------------------|--------------|--------------------------|
| Present or Last Employer _____ | Title _____ | Salary _____ | Reason for Leaving _____ |
| Address (Street, city, State, Zip) _____ | Duties _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Supervisor _____ | _____ | _____ | _____ |
| Phone # _____ | Dates of Service _____ to _____ | _____ | _____ |

| | | | |
|--|---------------------------------|--------------|--------------------------|
| Present or Last Employer _____ | Title _____ | Salary _____ | Reason for Leaving _____ |
| Address (Street, city, State, Zip) _____ | Duties _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Supervisor _____ | _____ | _____ | _____ |
| Phone # _____ | Dates of Service _____ to _____ | _____ | _____ |

For Reference Purposes: Is your educational or employment history listed under another name? Yes _____ No _____

If so, what _____

Explain any unemployment periods of two months or more _____

V. General Information

Who referred you to this facility?

| | |
|---|------------------------------------|
| _____ Employee (Name) _____ | _____ School _____ |
| _____ Friend or Relative _____ | _____ Walk In _____ |
| _____ Advertisement, Newspaper or Journal _____ | _____ Other (Please Explain) _____ |

VI. Continued General Information

Have you ever been convicted of, found guilty of, or pleaded guilty to, a felony of any kind? Yes _____ No _____

If yes, please explain: _____

Is there any pending criminal prosecution against you which would constitute a felony? Yes _____ No _____

If yes, please explain: _____

Have you ever had your privilege to practice revoked or reduced or otherwise restricted? Yes _____ No _____ N/A _____

If yes, please explain: _____

Has your license or certification ever been denied, revoked, suspended, stipulated, placed on probation or otherwise subject to any type of disciplinary action? Yes _____ No _____ N/A _____

If yes, please explain: _____

Are you presently being investigated or is disciplinary action pending against you? Yes _____ No _____

If yes, please explain: _____

Have you ever been sanctioned from the Medicare/Medicaid program, or debarred, suspended, or excluded from any other Federal agency or program? Yes _____ No _____

If yes, supply the following information:

Date(s) of Sanction, debarment, etc. (M/D/Y) _____

Date(s) of reinstatement (attach copy(ies) of the reinstatement letter(s) (M/D/Y) _____

Have civil monetary penalties ever been levied against you by the Medicare or medicaid program or any Federal agency or program? Yes _____ No _____

If yes, has penalty been paid? Yes _____ No _____

Date(s) of Penalty (M/D/Y) _____

VII. Educational Data (Please include additional information on a separate sheet.)

Name of Elementary or High School _____

Address _____ City _____ State _____

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D. _____ Graduate? Yes _____

Name of College/University _____

Address _____ City _____ State _____

Circle Highest Grade Completed: 1 2 3 4 5 6 Graduate? Yes _____ Complete field of study information (if applicable

to position applying for) _____

Major _____ Minor _____ Degree(s) _____

Internship: _____ Institution: _____

Graduate School _____

Number of credits earned: _____ School _____ City _____ State _____

Graduate? Yes _____ No _____

Major _____ Degree(s) _____

Other Schools Attended: Special professional, educational or business schools, workshops, etc. Complete field of study information (if applicable to position applying for) _____

Courses _____

Certificate or Diploma _____ Reg. No. _____

VIII. References

School or personal references which we may contact: (Do not list relatives)

Name _____ Occupation _____

Address _____ Phone # _____

Name _____ Occupation _____

Address _____ Phone # _____

Do you have relatives employed here? Yes _____ No _____

If yes, please list names: _____

Voluntary Affirmative Action Information

(Completion of Information below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date ____/____/____

Position(s) applied for _____

Referral Source

Advertisement Employee Relative Walk-in School Government Employment Agency

Private Employment Agency Other

Name of Source (If Applicable) _____

Applicant's Name _____

_____ Last First Middle Area Code Phone

Address _____

_____ Street City State Zip Code

As required, we comply with government including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check One: Male Female

Check on of the following race/ethnic group

Hispanic Black White American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable

Vietnam Era Veteran Disabled Veteran Handicapped Individual

TO BE COMPLETED BY APPLICANT - NOT FOR INTERVIEW PURPOSES - TO BE FILED SEPARATELY FROM APPLICATION