



# M RAPID CITY MEDICAL CENTER, LLP

2820 MT. RUSHMORE RD. RAPID CITY, SD 57701  
605-342-3280  
Human Resources

# Application For Employment

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

(PLEASE PRINT)

Position(s) applied for

Date of Application

How did you learn about us?

Advertisement

Friend

Walk In

Employment Agency

Relative

Other \_\_\_\_\_

Last Name

First Name

Middle Name

Address

Street

City

State

Zip Code

Telephone Number(s)

Have you ever filed an application with us before?

Yes

No

If Yes, give date \_\_\_\_\_

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes

No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

Full Time

Part Time

Shift Work

Temporary

Have you ever been convicted of a felony?

Yes

No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please give details of the conviction. \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.  
*You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

## List professional, trade, business or civic activities and offices held.

*You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*


# Additional Information

## Other qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills Check skills/equipment operated

_____ Calculator	_____ Access	_____ Word for Windows	_____ Phone Systems
_____ PC	_____ Excel	_____ Typewriter	_____ Fax
_____ Windows	_____ Power Point	_____ Other _____	

## State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

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Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes

No

## References

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone Number)  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone Number)  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone Number)  
\_\_\_\_\_  
(Address)

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that an offer of employment at Rapid City Medical Center, LLP will be pending and I will not be allowed to report for duty until a negative controlled substance test is verified. If I fail to pass the controlled substance test with a positive test result, the offer of employment will be withdrawn.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the organization is an "at will" nature, which means that the Employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employee relationship may not be changed by any written document or by conduct unless such changes is specifically acknowledged in writing by the CEO or President of Rapid City Medical Center.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies of Rapid City Medical Center.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resource Department use only**

Position(s) applied for is open:  Yes  No

Position(s) considered for: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**For Human Resource Department use only**

Arrange interview:  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Interviewer Date

Employed:  Yes  No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly rate/Salary: \_\_\_\_\_ Dept: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_