



MONARCH

HEALTHCARE MANAGEMENT
EMPLOYMENT / JOB APPLICATION

Facility: _____

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME On Call

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

VETERANS INVITATION TO SELF-IDENTIFY

Regulations issued by the U.S. Department of Labor with respect to Vietnam Era veterans and other protected veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

The 4 classifications of protected veterans are listed below:

Disabled Veteran is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability

Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans, listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I DON'T WISH TO ANSWER

Additional Questions

Additional Questions

Income expectations:*

Date of availability:*

Are you 16 years or older?*

Applicant Statement

"I have not been found guilty in a court of law of abusing, neglecting, or mistreating individuals."

"I authorize the investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you."

"I understand, if I have a disability which would require reasonable accommodation in order for me to participate in any portion of the application, interview, testing process and/or ongoing employment, that I have the right to submit a written request of such accommodation to this employer."

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding. That, if employed, falsified statements on this application shall be grounds for dismissal."

"I understand that employment by Monarch Healthcare Management is not contracted but at-will employment."

"I understand that Monarch Healthcare Management is committed to a policy of equal treatment and opportunity without regard to race, color, creed, religion, national origin, sex, age, disability, marital status, sexual orientation, gender identify, veterans status, status with regard to public assistance, union or non-union affiliation."

"I understand that Minnesota and Wisconsin Statutes requires the Department of Human Services to conduct background studies on individuals providing direct contact services to residents in nursing homes, and if I am given a conditional job offer for employment at this facility, I will be required to provide sufficient information to ensure an accurate background study."

By submitting this application, I affirm that I have read and agree to all of the disclosures and conditions included in the on-line application.

I agree to the above.

Signature:*

Type Full Name (ex. John Albert Doe)

Date:*

Personal Information

Shift Preferences: (day, evening, night) List any that apply.

Employment Preference: (check all that apply)*

- Regularly scheduled Full Time
- Regularly scheduled Part Time
- On Call
- Intermittent Student
- Other

Available:*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Hours Available:*

Keyword:

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

ADDITIONAL INFORMATION

Additional Information, Certifications, or Trainings: