

**LEWIS & CLARK SPECIALTY HOSPITAL  
2601 FOX RUN PARKWAY, YANKTON, SD 57078  
APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY EMPLOYER**

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

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_ TEL NO. \_\_\_\_\_  
 Position applied for \_\_\_\_\_ Available \_\_\_\_\_  
 Are you seeking: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ As Needed (prn) \_\_\_\_\_

**WORK EXPERIENCE**

**Please start with your current or last job. Please include any job-related military service assignments and volunteer activities.**

Employer	Dates Employed (From and To)
Address	Work Performed
Telephone Number	Rate of Pay Beginning: _____ Ending: _____
Starting/Present Job Title	
Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving	
Employer	Dates Employed (From and To)
Address	Work Performed
Telephone Number	Rate of Pay Beginning: _____ Ending: _____
Starting/Present Job Title	
Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving	
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Starting/Present Job Title	
Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving	

**UNEMPLOYMENT RECORD:** Account for periods of unemployment for two (2) weeks or more during the past seven (7) years.

Period: \_\_\_\_\_ Explain: \_\_\_\_\_  
 Period: \_\_\_\_\_ Explain: \_\_\_\_\_  
 Period: \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, please explain \_\_\_\_\_

Are you over 18 years of age? Yes  No

Are you a citizen of the United States or do you have a valid work permit? YES  No

Do you have any friends or relatives who work here? Yes  No  If yes, state name and relationship \_\_\_\_\_

Have you been under investigation or convicted of Medicare fraud? Yes  No  If yes, please explain \_\_\_\_\_

Do you have a valid driver's license? Yes  No  License # \_\_\_\_\_ State issued \_\_\_\_\_

Do you have any physical limitations which would prevent or impair performance of the job for which you are applying? Yes  No

Would you take a physical examination (including but not limited to urine, blood or other examination for evidence of drug or other chemical use? Yes  No

**EDUCATION**

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate/Professional				
Other (specify)				

**SPECIAL TRAINING OR SKILLS**

Computer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fax	Yes <input type="checkbox"/> No <input type="checkbox"/>	Central Sterile	Yes <input type="checkbox"/> No <input type="checkbox"/>	Circulator	Yes <input type="checkbox"/> No <input type="checkbox"/>
Microsoft Office	Yes <input type="checkbox"/> No <input type="checkbox"/>	EKG	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limited Radiology	Yes <input type="checkbox"/> No <input type="checkbox"/>	Surg Tech	Yes <input type="checkbox"/> No <input type="checkbox"/>
Web Page	Yes <input type="checkbox"/> No <input type="checkbox"/>	Phlebotomy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Services	Yes <input type="checkbox"/> No <input type="checkbox"/>	Materials Mgmt	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copier	Yes <input type="checkbox"/> No <input type="checkbox"/>	C-arm	Yes <input type="checkbox"/> No <input type="checkbox"/>	Discharge Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other:	

**REFERENCES:** Give three references, not relatives or former employers.

NAME	ADDRESS	PHONE	OCCUPATION

**AFFADAVIT**

This application for Employment is being used to notify me that the nature and scope of the investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the Employer shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or consequential omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualification. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions are true and were made by me without any reservations. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I also understand that if employed, either the Employer or I may terminate our relationship at will, without notice or for any reason and that this employment application does not constitute an employment contract. This Employer is hereby authorized to release to any other firm or person with whom I may seek employment, any and all information concerning my employment.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

Mail to: Pamela Tramp  
Lewis & Clark Specialty Hospital  
2601 Fox Run Parkway  
Yankton, SD 57078