



Rural Health Care, Inc.

202 Island Drive Suite 1 Ft. Pierre, SD 57532 (605) 223-2200

Employment Application

This application is good for 180 days

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applicants will receive consideration without discrimination because of race, creed, color, sex, age, disability, ancestry, national origin, religion, genetic information, or any other prohibited basis of discrimination, as provided under applicable local, state and federal law.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought by contacting the Human Resources Department at jimh@ruralhc.net or by phone at 605-223-2200.

Date: _____

Name of Applicant: _____
Last First Middle

Address: _____
Street City State ZIP

Telephone Number: _____ E-mail: _____

What position are you seeking? _____

When will you be available for work? _____ **Full-time** **Part-time**

Are you under 18? **Yes** **No**

Have you previously been employed with this Company? **Yes** **No**

If so, when? _____ What was your position? _____

Do you have friends or relatives working at this Company? **Yes** **No**

If so, who are they? _____

How did you learn about this job? _____

References: Name two people who have known you at least one year that we may contact (do not include relatives, former employers, or personnel of this practice):

Name	Address	Telephone	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Company Three

Name of company: _____

Address: _____

Telephone: _____ Fax: _____

Start Date: _____ End Date: _____ Rate of Pay: _____
Starting Ending

Job Title: _____ What did your job entail? _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Company Four

Name of company: _____

Address: _____

Telephone: _____ Fax: _____

Start Date: _____ End Date: _____ Rate of Pay: _____
Starting Ending

Job Title: _____ What did your job entail? _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Company Five

Name of company: _____

Address: _____

Telephone: _____ Fax: _____

Start Date: _____ End Date: _____ Rate of Pay: _____
Starting Ending

Job Title: _____ What did your job entail? _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Have you ever been terminated from employment? **Yes** **No**
If so, please explain _____

List any special training or skills relevant to the position you are seeking: _____

List any educational activities or awards relevant to the position you are seeking:

What positions of leadership or responsibility have you held which are relevant to this position?

List hobbies, personal interests or skills you have which are relevant to this position:

Indicate any other information about yourself that you believe would assist us in our hiring decision:

Experience: Describe your experience in a concise manner to correspond with the positions and dates shown on pages two and three of this application. Our ability to evaluate your experience record depends largely upon the information furnished here.

Employer and Date	Experience / Skills / Areas of Expertise

May we contact all of the employers listed on this application? **Yes** **No**

If no, Please indicate whom you wish not be contacted regarding your employment:

The answers to the foregoing are true and correct to the best of my knowledge. I understand that falsification of statements in this application or during the interview process may result in a termination of employment if I am hired, regardless of when the falsification is discovered.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING AND WITHIN THE GUIDELINES OUTLINED IN THE COMPANY EMPLOYEE HANDBOOK.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company and its employees against liability which might result from making such investigation.

Signature: _____

Date: _____
