

# GATEWAY FAMILY HEALTH CLINIC, LTD.

716 Kenwood Ave  
Moose Lake MN 55767

## application for employment

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

### PERSONAL INFORMATION

Social Security  
Number

Date

Name

Last

First

Middle

Present Address

Street

City

State

Zip

Phone No.

State Name and Department of Any Relatives, Other  
Than Spouse, Already Employed By This Company

Referred

By

### EMPLOYMENT DESIRED

Position

Date You  
Can Start

Salary  
Desired

Are You Employed Now?

If So May We Inquire  
of Your Present Employer

Ever Applied to this Company Before?

Where

When

### EDUCATION

Encircle last year completed					Subjects Studied / Degrees
High School	9	10	11	12	_____
College	1	2	3	4	_____
Trade, Business or Correspondence School	1	2	3	4	_____

**FORMER EMPLOYER** List Below Last Four Employers, Starting With Last One First

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

**REFERENCES:** Give Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Business	Years Acquainted
1			
2			
3			

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.  
 Employer I? Yes \_\_\_\_\_ No \_\_\_\_\_ Employer II? Yes \_\_\_\_\_ No \_\_\_\_\_ Employer III? Yes \_\_\_\_\_ No \_\_\_\_\_

Signed \_\_\_\_\_

May we telephone you to follow up on this application at home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the best time to call? \_\_\_\_\_

May we telephone you to follow up on this application at work? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

\_\_\_\_\_  
Signature of Applicant