

PARTNER APPLICATION

PLEASE READ THIS CAREFULLY:

This application will be kept on file for one year, and a new application will be required thereafter to be considered for job vacancies in the future at Mid Dakota Clinic. Because of the large numbers of applications we receive, we do not individually respond to each application. We do not discuss the specifics of a job, benefits, or salary until the interview process has commenced. This application should be left at the front desk at Mid Dakota Clinic or mailed to the Clinic and directed to the attention of the Personnel Department, P.O. Box 5538, Bismarck, ND 58506-5538. We appreciate your interest in Mid Dakota Clinic.

Position applied for: _____ Today's date: _____, 20 _____

Name: _____ Social Security No.: _____

Address: _____

Home Phone: _____ Other number we can reach you: _____

Are you looking for: FT work PT work On-call work

Referred by: _____

PERSONAL

References: Name _____

Telephone Number _____

1. _____

2. _____

3. _____

Convictions other than traffic violations (specify): _____

In an emergency notify _____ Relationship _____

Address _____ Phone _____

EDUCATION

Draw Circle Around Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

NAME AND LOCATION OF HIGH SCHOOL OR COLLEGE	ATTENDANCE		DEGREE OR DIPLOMA	MAJOR SUBJECT
	From	To		
High School				
College or University				
Technical Business or Professional Training				License or Registration

Other: _____

EXPERIENCE - Position Held, including Military Service - (List Last Position First)

COMPANY	PERIOD		JOB TITLE	REASON FOR LEAVING
	From	To		
(1) Name				
Supervisor				
Telephone ()				
(2) Name				
Supervisor				
Telephone ()				
(3) Name				
Supervisor				
Telephone ()				

May we request references from the above? _____ Has notice been given to present employer? _____

Other special skills _____

Each Prime**Care** Partner pledges to live the words
“I deliver Prime**Care**”
through these
VALUES

- P** rime, to strive for the highest quality in everything we do, as our guests deserve the very best.
- R** esources, to care for and judiciously use our resources (human, material, financial, environmental) in the care of our guests.
- I** ntegrity, to be honest and open in our communications with our guests, partners, insurers and regulators.
- M** ission, to strive daily to fulfill our mission, knowing that collectively, and individually, we will make a difference.
- E** xtraordinary, to attain A Higher Standard, requires that ordinary partners do extraordinary things.
- C** are, to exhibit care, concern, empathy, promptly responding to the needs of our guests, partners, and the communities we serve.
- A** ttitude, to treat our guests (patients and visitors) and partners (employees and staff) as we want to be treated.
- R** espect, to respect the person and the privacy of our guests and partners.
- E** nthusiasm, to be extraordinary, we must be enthusiastic and positive.

At work, can you live by the values of this organization? YES NO

Use this space for any information you would like us to have to help judge your qualifications.

Mid Dakota Clinic is an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, veterans status, or disability.

PLEASE READ THIS CAREFULLY:

Job offers can only be extended by the Personnel Manager or designated representative. ALL job offers are conditional awaiting the completion of reference checks, certification of educational credentials and work experience; and, if required, a medical examination.

After making a conditional job offer and before an individual starts work, we may conduct a medical examination or ask health-related questions; ALL candidates who receive a conditional job offer, in the same job category, are required to take the same examination and/or respond to the same inquiries. We do not make any pre-employment inquiry about a disability, or about the nature or severity of a disability on application forms, in job interviews, or in background or reference checks. If an applicant has a known disability that might interfere with or prevent performance of job functions, that applicant may be asked to describe or demonstrate how these functions will be performed, with or without an accommodation, even if other applicants are not asked to do so.

I certify that I have carefully read the narrative portions of this application; I understand them, and that if I had any questions I have asked them of the Personnel Manager of the Clinic who has answered them to my understanding.

By my signature below, I certify that I have carefully completed this application and that all the information is true to the best of my knowledge and belief. My signature below will further acknowledge my understanding that all employees of the Clinic are employed at the will of the Clinic, and their employment relationships may be terminated at any time, without prior notice and for any reason; that any representations to the contrary are not binding upon the Clinic.

Date: _____ Applicant Signature: _____

Unsigned applications are not kept on file and are discarded.

