

# NORTHWESTERN HEALTH SCIENCES UNIVERSITY

Last Name \_\_\_\_\_

## Application for Employment

M.I. \_\_\_\_\_

First Name \_\_\_\_\_

**Northwestern Health Sciences University is an equal opportunity employer.**

Northwestern Health Sciences University is committed to a policy of non-discrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability or Vietnam era veteran status, or status with regard to public assistance in employment, educational programs and activities, and admissions. Northwestern complies with all applicable federal, state, and municipal laws regarding non-discrimination and equality of opportunity. Inquiries or complaints may be addressed to the University's Director of Human Resources, 2501 West 84th Street, Bloomington, MN 55431 952-888-4777

Date \_\_\_\_\_



**NORTHWESTERN HEALTH SCIENCES UNIVERSITY (NWSU)  
Application for Employment**

Please answer all questions. Type or print legibly using ink. Attach a copy of your resume (if applicable). This application will remain on file for 1 year.

**PERSONAL INFORMATION**

Last Name	First	Middle
Desired Position		
Address		Today's Date
City	State	Zip Country
Phone ( )	Other phone ( )	E-mail address
Other Name(s) Used	Are you over the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide proof of eligibility to legally work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, plead guilty to, or had an adjudication of guilt withheld for a felony or misdemeanor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please give dates, places, charges and disposition of all convictions, and any other information about convictions you would like the University to consider. Northwestern Health Sciences University may conduct a criminal background check to determine the existence of any arrests resulting in conviction. Existence of a criminal record is not an automatic bar to employment.		
Have you ever been censured/disciplined or found to be in violation of ethical standards by a professional organization?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:	
Have you been previously employed by NWSU? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Minimum annual salary requirement:	/year	/hour What date can you start?
Do you have relatives working at NWSU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide information below.
Relative's Name	Relationship	Department

**EMPLOYMENT HISTORY** *Begin list with present or most recent employer. Complete even if accompanied by a resume.*

Employer and Department		Phone ( )
City	State	Country
Supervisor's Name & Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date MM/YY		End Date MM/YY
Full-time <input type="checkbox"/>	Part -time <input type="checkbox"/>	Hrs/week
Final Salary	Per hour <input type="checkbox"/>	Month <input type="checkbox"/> Year <input type="checkbox"/>
End Title	Reason for leaving position?	
Duties (please describe)		

Employer and Department		Phone ( )
City	State	Country
Supervisor's Name & Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date MM/YY		End Date MM/YY
Full-time <input type="checkbox"/>	Part -time <input type="checkbox"/>	Hrs/week
Final Salary	Per hour <input type="checkbox"/>	Month <input type="checkbox"/> Year <input type="checkbox"/>
End Title	Reason for leaving position?	
Duties (please describe)		

## EMPLOYMENT HISTORY *(continued)*

Employer and Department		Phone ( )	
City	State	Country	
Supervisor's Name & Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date MM/YY		End Date MM/YY	
	Full-time <input type="checkbox"/>	Part -time <input type="checkbox"/>	Hrs/week
Final Salary	Per hour <input type="checkbox"/>	Month <input type="checkbox"/>	Year <input type="checkbox"/>
End Title	Reason for leaving position?		
Duties (please describe)			

Employer and Department		Phone ( )	
City	State	Country	
Supervisor's Name & Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date MM/YY		End Date MM/YY	
	Full-time <input type="checkbox"/>	Part -time <input type="checkbox"/>	Hrs/week
Final Salary	Per hour <input type="checkbox"/>	Month <input type="checkbox"/>	Year <input type="checkbox"/>
End Title	Reason for leaving position?		
Duties (please describe)			

Employer and Department		Phone ( )	
City	State	Country	
Supervisor's Name & Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date MM/YY		End Date MM/YY	
	Full-time <input type="checkbox"/>	Part -time <input type="checkbox"/>	Hrs/week
Final Salary	Per hour <input type="checkbox"/>	Month <input type="checkbox"/>	Year <input type="checkbox"/>
End Title	Reason for leaving position?		
Duties (please describe)			

## EDUCATION

School	Graduated Yes or No	Type of Degree Received	Major	School Name City, State
High School				
College/University				
College/University				
Bus/Tech				
Other				

**TRAINING COURSES AND SEMINARS**

Training Title — <i>List only those completed and not included in education above.</i>	Completion Date MM/YY
1.	
2.	
3.	

**LICENSES/CERTIFICATIONS/REGISTRATIONS**

Licenses/Certifications/Registrations	Lic/Cert/ Reg #	Issued by	Issue Date MM/YY	Expiration Date MM/YY	State/Country issued

**PROFESSIONAL MEMBERSHIPS**

Name of Organization	Membership Date MM/YY

**REFERENCES** *List three persons, other than personal friends or relatives, who have knowledge of your work experience or education.*

Name	Relationship/Company	Phone Number
		( )
		( )
		( )

**AUTHORIZATION AND UNDERSTANDING**

I authorize Northwestern Health Sciences University to investigate my work, personal history, and verify all data on this Application for Employment, on related papers, and in interviews. The information may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers that are given in response to the inquiry. Where applicable to a position, I authorize Northwestern Health Sciences University to investigate my criminal record, credit check and/or driving record. I authorize individuals, schools and employers named except as specifically limited on this application, to provide information requested about me, and I release them and Northwestern Health Sciences University from any liability for damages in providing this information. I certify that statements made on the application, on a resume, attachments hereto, or other supplementary materials provided by me are all full and complete statements of the facts. I understand and acknowledge that any misrepresentation, omission or incorrect statement of fact can result in rejection of my application or, if hired, immediate termination.

In the event of employment, I agree to abide by all rules and regulations of Northwestern Health Sciences University and agree that Northwestern retains the right to terminate my employment at any time for any reason not prohibited by law. I understand that no manager or representative, other than the President of Northwestern Health Sciences University, has the authority to enter into an employment agreement for a specified period of time and that agreement must be in writing and signed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## NORTHWESTERN HEALTH SCIENCES UNIVERSITY

### OUR MISSION...

The mission of Northwestern Health Sciences University is to advance and promote natural approaches to health through education, research, clinical services and community involvement.

### OUR VISION...

Our collective vision is to develop an environment that fosters exemplary, innovative and ethically based educational programs in natural health care. We will also support clinical research, provide leadership for the development of collaborative and integrated health care models, prepare students for successful careers, provide lifelong learning opportunities, and be of service to our community. Through assessment of the academic achievement of our learners and the effectiveness of our research and service programs, we will demonstrate our commitment to excellence and continuous improvement.

**INTERNAL USE ONLY** *To be completed by hiring manager/supervisor.*

Job Title		Department		
Start Date	Pay Rate	Exempt <input type="checkbox"/>	Non-exempt <input type="checkbox"/>	
Status	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Authorized hours per week
Manager's Signature		Date		