



Mayo Clinic Employment Application

Mayo Clinic is an Affirmative Action and Equal Opportunity Educator and Employer.

No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, creed, national origin, age, marital status, disability, religion, veteran status, sexual orientation, or status in regard to public assistance, or membership or activity in a local commission.

Date _____

Personal Data

Full Legal Name _____
First Middle Last

Present Address _____ Phone _____
Street City State Zip Area Number

Permanent Address _____ Phone _____
(If different than above) Street City State Zip Area Number

E-mail address _____ Daytime Phone _____
Area Number

Social Security Number ____ - ____ - ____ Are you at least 16 years of age? Yes No
Are you a U.S. citizen or national, permanent resident, a refugee, an asylee, or authorized to work under the amnesty provisions of U.S. immigration law? Yes No
It is not Mayo Clinic in Rochester's policy to assist foreign individuals in obtaining authorization from the U.S. immigration authorities for employment in certain job categories. Mayo Clinic reserves the right to revoke an offer of employment to any person who needs assistance from Mayo Clinic to acquire or extend necessary employment authorization from U.S. immigration authorities and to terminate any employee whose employment authorization may have expired.

Interests

Position title(s) and **posting number(s) (required)** _____

Date available to begin employment: _____

Availability: (Please check all that apply)

- Full-time Part-time Summer Only Weekend Temporary
 Rotating Day Evening Night How long? _____

Would you be unable to come to work on certain days? If so, specify: _____

Sourcing

From what sources did you learn of this position? Please specify your selection(s) below and name specific source(s) for each selection. Example of a specific source would be the exact name(s) of a college, internet site, newspaper, etc.

- Career Fair _____ Internet _____
 College Recruiting _____ Internship _____
 Direct Mail or Poster _____ Journal _____
 Employee Referral _____ Newspaper _____
 Former Employee _____ Radio _____
 Friend/Patient Referral _____ Recruiting Firm _____

Related Skills

Indicate any office equipment with which you are proficient: _____ Typing Speed: _____

Indicate computer equipment and software with which you are proficient: _____

Other: _____

Licensure/Registration Data

Professional Licenses/Registrations	Expiration Date (month, day, year)	State	Number
Current _____			

If no current Minnesota License/Registration, please check appropriate boxes below:

- Reciprocity action in progress
 Applied for State Boards: State _____ Date _____
 New Graduate Permit applied for: State _____ Date _____
 Other, please explain _____

Education Data

Name of School	City/State	Major/Degree	GPA	Graduated Y/N
Last High School				
Vocational School				
College or University				
Additional Education				

Have you ever been employed by any Mayo entity? Yes From _____ To _____ No
mo/yr mo/yr

- Mayo Clinic in Rochester
 Rochester Methodist Hospital
 Mayo Clinic in Jacksonville
 Saint Luke's Hospital, Jacksonville
 Saint Marys Hospital
 Charter House
 Mayo Clinic in Scottsdale
 Other _____

Reason for leaving _____

Job title _____ Name when employed _____

Employment History

Please fill out completely with most recently held positions listed first. Do not omit unrelated work experience. Include military service, if applicable. You may attach an additional page if you have more relevant work history. **Resumes are accepted but are not a substitute for this section.**

Most Recent Employer	Address		Work Performed
	City	State Zip	
Telephone Number ()	From: To:	Job Title	
Your Supervisor's Name	Reason for Leaving	Salary	May we contact your current employer at this time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Employer	Address		Work Performed
	City	State Zip	
Telephone Number ()	From: To:	Job Title	
Your Supervisor's Name	Reason for Leaving	Salary	
Previous Employer	Address		Work Performed
	City	State Zip	
Telephone Number ()	From: To:	Job Title	
Your Supervisor's Name	Reason for Leaving	Salary	

Have you ever been convicted of a crime (excluding parking and petty misdemeanor traffic tickets)? *Conviction doesn't necessarily bar you from employment.* Yes No

If Yes, describe in full: _____

Please read and sign the opposite page.

PLEASE READ CAREFULLY AND SIGN BELOW

I understand this application may be shared with any Mayo affiliated entity. I hereby authorize investigation of all statements contained in this application. I release Mayo from any and all liability resulting from such investigation. I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal and/or refusal of employment. I understand that employment is subject to satisfactory reference reports, satisfactory completion of a pre-employment medical examination and authorization for employment in the United States.

I understand that all conditions of employment, including but not limited to, hours, benefits, and salary are subject to change by Mayo at any time without prior notice to employees, subject to its obligations under the terms of any currently effective collective bargaining agreement. I also understand that employment at Mayo is "at will" employment and may be terminated at any time by either party. I further understand that I am required to abide by all rules and regulations of Mayo, and I also agree as a condition of employment to periodic physical examinations.

I certify the information provided above is true and complete to the best of my knowledge. I have read and understand the statements in the paragraphs above. By signing here, I am also verifying information on my resume.

DATE: _____ APPLICANT'S SIGNATURE _____

*Thank you for applying for employment
with Mayo Clinic in Rochester.*
Mayo Clinic is a Smoke Free Environment.