



YANKTON MEDICAL CLINIC®, PC.

# APPLICATION FOR EMPLOYMENT

605-665-7841

1104 West 8th Street • Yankton, SD 57078  
www.YanktonMedicalClinic.com

**PLEASE PRINT:**

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Email \_\_\_\_\_

How did you learn about us?

- Advertisement       Friend       Walk In
- Employment Agency       Relative       Other \_\_\_\_\_

Yes    No    Are you currently employed?

Yes    No    May we contact your present employer?

Yes    No    Are you prevented from lawfully becoming employed in this country because of visa or immigration status? *Proof of citizenship or immigration status will be required upon employment.*

Yes    No    Have you ever been convicted of a felony? If yes, explain:  
*Conviction will not necessarily disqualify an applicant from employment.*

Are you willing to work:

- Overtime    On-Call    Evenings/Weekends    Travel

**EDUCATION INFORMATION:**

	Name / Location	Diploma / Degrees
High School:		
College:		
Graduate School:		
Other (Specify):		

**WORK HISTORY** *(List most recent employer first. You may include military and service training.):*

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone:			
Job Title:	Salary		
Supervisor:			
Reason for Leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail:			

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone:			
Job Title:	Salary		
Supervisor:			
Reason for Leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail:			

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone:			
Job Title:	Salary		
Supervisor:			
Reason for Leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail:			

**OTHER QUALIFICATIONS:**

*(Summarize special job-related skills and qualifications acquired from employment or other experience.):*

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**REFERENCES: (List people who know your work. Do not include personal references.):**

Name:	Title Occupation:
Phone:	
Address:	Email:

Name:	Title Occupation:
Phone:	
Address:	Email:

Name:	Title Occupation:
Phone:	
Address:	Email:

**THE FOLLOWING POINTS ARE VERY IMPORTANT.  
PLEASE READ THEM CAREFULLY BEFORE SIGNING THIS APPLICATION**

I authorize investigation of all statements contained in this application. I will not hold Yankton Medical Clinic, P.C. or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application. I understand that if I am employed by Yankton Medical Clinic, P.C. additional personal data may be required for determination of benefits, statistical purposes, and legal compliance. I also understand that if I am employed by the Clinic, my employment is "at will", that I or the Clinic may terminate the employment relationship at any time, for any reason, with or without notice. I further understand that no employee of the Clinic has the authority to modify the understanding orally or in writing, except with the written permission of the Executive Director of The Yankton Medical Clinic, P.C.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND EACH AND ALL OF THESE STATEMENTS. ALL APPLICATIONS KEPT ON FILE FOR 12 MONTHS.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Position(s) applied for is open? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position(s) considered for:	
Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:	
Interviewer:	Date:
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment:
Job Title:	Department: