



**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

*Brown Clinic does not discriminate because of race, color, creed, age, sex, marital status, religion, disability, national origin, or veteran's status. Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought. If you have any questions or need further assistance please contact Brown Clinic Human Resources at (605) 886-8482.*

Please fill out application completely and **print** clearly. **An incomplete application may not be accepted.** This application will be kept on file for a period of one year.

**APPLICATION DATA:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email Address: \_\_\_\_\_ SS# \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Are you at least 16 years old?  Yes  No Are you a citizen of the U.S. or otherwise lawfully authorized to work in the U.S.?  Yes  No

Have you ever been convicted of a felony? Convictions do not automatically disqualify an applicant from employment. The type and seriousness of the crime, the frequency of violations, the applicant's age at the time of the conviction, and the date of conviction or time elapsed since the conviction or completion of any jail sentence will be taken into consideration in addition to other job-related criteria.  Yes  No

**POSITION/JOB INFORMATION:**

Position(s) Desired: \_\_\_\_\_

Full Time  Part Time  On Call

Date Available: \_\_\_\_\_ Expected Rate of Pay: \_\_\_\_\_

Shift Choices:  Day  Evening  Night  Weekend Are you willing to rotate shifts:  Yes  No

How did you hear about this position:  School  Bulletin Board  Agency  Walk-in  Newspaper

Web Site  Referral, if so, who: \_\_\_\_\_  Other: \_\_\_\_\_

Name and relationship of any relative in our employ: (If none, write "None") \_\_\_\_\_

Have you been previously employed by Brown Clinic:  Yes  No

If so, position: \_\_\_\_\_ Dates: \_\_\_\_\_

May your application be released to local clinics provided they have any openings in your area of interest:

Yes  No

**EDUCATIONAL/SKILLS DATA:**

Do you possess a high school diploma or GED?  Yes  No      Last grade completed  9  10  11  12

COLLEGE OR UNIVERSITY AND ADDRESS	GENERAL STUDIES	DID YOU GRADUATE?	DEGREE OR NUMBER OF CREDITS EARNED

List all relevant professional licenses, registrations, or certifications you possess: \_\_\_\_\_

\_\_\_\_\_

Profession or trade name: \_\_\_\_\_

Professional License/Permit/Certification Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp \_\_\_\_\_

**LEGAL COMPLIANCE:**

Have you ever been excluded from participation in the Medicare program?  Yes  No

If "Yes", what was the date? \_\_\_\_\_ If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES: (Please Do Not Include Relatives)**

NAME AND COMPLETE ADDRESS	BUSINESS OR AFFILIATION	TELEPHONE NO	YEARS KNOWN
1. _____ _____ _____		( )	
2. _____ _____ _____		( )	

3. _____ _____ _____		( )	
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**EMPLOYMENT HISTORY: (Also include any relevant volunteer experience)**

Present or Last Employer:	Date: (Mo./Yr): From: To:
Address:	Total Time Employed:
City: State Zip Code	Salary: \$
Phone: Job Title:	<input type="checkbox"/> Full Time <input type="checkbox"/> Park Time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

Present or Last Employer:	Date: (Mo./Yr): From: To:
Address:	Total Time Employed:
City: State Zip Code	Salary: \$
Phone: Job Title:	<input type="checkbox"/> Full Time <input type="checkbox"/> Park Time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

Present or Last Employer:	Date: (Mo./Yr): From:                      To:
Address:	Total Time Employed:
City:                                      State                                      Zip Code	Salary: \$
Phone:                                      Job Title:	<input type="checkbox"/> Full Time <input type="checkbox"/> Park Time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

Present or Last Employer:	Date: (Mo./Yr): From:                      To:
Address:	Total Time Employed:
City:                                      State                                      Zip Code	Salary: \$
Phone:                                      Job Title:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

**APPLICANT CERTIFICATION/RELEASE OF INFORMATION**  
**(Please Read Carefully)**

I hereby certify that all of the information provided by me in this application (or any accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification and/or misrepresentation will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I hereby authorize Brown Clinic to investigate my statements and conduct a background investigation if deemed necessary. All employers, educational institutions, law enforcement agencies, state and federal courts, and references listed are hereby authorized to give Brown Clinic any and all information regarding my employment, background, or character. Brown Clinic and all employers, educational institutions, law enforcement agencies, state and federal courts, and references are hereby released from any and all liability which may result from furnishing or using such information.

In consideration for employment with Brown Clinic, if employed, I agree to conform to the rules, regulations, policies and procedures of Brown Clinic at all times and understand that such obedience is a condition of employment. I understand that if offered a position with Brown Clinic, I will be required to submit to a pre-employment health assessment and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the pre-employment assessment and/or background check will result in a withdrawal of any employment offer or termination of employment if already employed.

The use of this application does not indicate there are positions open and does not in any way obligate Brown Clinic. Additionally, this application should not be considered as an employment agreement. Any decisions regarding length of employment, interpretation, or application of policies or procedures by the Clinic will be final and binding on all parties concerned. I further agree that my employment and compensation can be terminated at will, with or without cause and with or without notice, at anytime either at my option or at the option of Brown Clinic.

*Applicant's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

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**PLEASE DO NOT WRITE BELOW THIS LINE**

Date of Interview: \_\_\_\_\_

Discussed: Job Hours \_\_\_\_\_ Rotate Shifts:  Yes  No

Full Time  Part Time  Other: \_\_\_\_\_ Hours per pay period: \_\_\_\_\_

Starting Date & Time: \_\_\_\_\_ Starting Salary \_\_\_\_\_

Overtime:  Exempt  Non-Exempt

Hired by: \_\_\_\_\_ Dept.: \_\_\_\_\_

Replacement for: \_\_\_\_\_ Budgeted:  Yes  No

References and Background Checked: \_\_\_\_\_