

St. Joseph's Area Health Services

600 Pleasant Ave. Park Rapids, MN 56470
Phone: (218) 732-3311 Fax: (218) 732-1368

APPLICANT SURVEY

St. Joseph's Area Health Services asks that you voluntarily provide the following information to enable us to monitor our recruitment efforts and be able to fulfill our reporting obligations as required by State and Federal laws. The data on this survey will be kept in a file separate from your application. This information will not be used in any way during the hiring process. Thank you for your assistance.

PERSONAL INFORMATION

Name: _____ Date: _____

Position interested in: _____

Sex: () Female () Male

Age Group: () 16 – 18 () 19-39 () 40 – over

Race: () White () Black () Hispanic () American Indian or Alaskan Native () Asian or Pacific Islander

Marital Status: () Single () Married

DISABILITY

Do you have a disability () No () Yes – If yes, please identify

() Amputee () Blind () Cardiac () Chemical Dependency

() Deaf () Diabetes () Epilepsy () Mental Illness

() Paralysis () Other: _____

If disabled, are you requesting reasonable accommodations? () No () Yes – if yes, describe, _____

VETERANS STATUS

Are you a veteran? () Yes () No

If yes, a Vietnam era veteran? () Yes () No

If yes, a disabled veteran? () Yes () No

HOW DID YOU COME TO APPLY FOR A JOB AT ST. JOSEPH'S?

() Employment agency – which one? _____

() Newspaper or other help wanted advertisement – which one? _____

() School, college, university – which school? _____

() Minority group referral – which one? _____

() St. Joseph's employee _____

() St. Joseph's Human Resources Department

() Walk in

() Other _____