

LAKEWALK SURGERY CENTER

1420 London Road Suite 100

Duluth, MN 55805

Phone (218) 728-0650

Fax (218) 728-8557

DATE _____

Name _____
Last First Middle

SSN _____

Present Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____

Position applied for _____

Rate of pay expected \$ _____/Hour Full-Time Part-Time _____ Hours /week

Date you are available to start work _____

Have you ever been convicted or sentenced for a violation of any law other than a minor traffic violation?
(if yes, explain) _____

Have you ever been discharged from any position? (if yes, explain) _____

Do you have any physical conditions that may limit your ability to perform the position you are applying
for? (if yes, explain) _____

How did you hear about this position?

Newspaper (specify below)

Clinical Publication (specify below)

Other (specify below)

Lakewalk Website

Newspaper, Clinical Publication, or Other: _____

EDUCATION BACKGROUND

School type	Name & address of school	Years	Course	Degree
High school				
College				
Other				
Bus. tech				

List Professional Group Membership _____

Technical Skills and Certifications _____

EDUCATION BACKGROUND (continued)

POSITION

OFFICE SKILLS

TECHNICAL SKILLS

Nursing _____
Medical Secretary _____
Lab Tech _____
Receptionist _____
Transcriptionist _____
Maintenance _____
Housekeeping _____
Other _____

Typing ____ speed _____
Bookkeeping _____
Billing _____
Coding _____
Medical Terminology _____
Computer Skills _____
Programs _____
Other _____

Lab Work _____
EKG _____
X-Ray _____
Injections _____
Venipuncture _____
IV Therapy _____
Surg. Assisting _____
Other _____

EMPLOYMENT EXPERIENCE

Company _____
Address _____ Phone _____
City _____ State _____
Dates Employed: From _____ To _____
Position(s) Held _____
Salary: Start _____ End _____ Supervisor _____
Responsibilities: _____
Reason for leaving: _____
May we contact for reference? Yes _____ No _____

Company _____
Address _____ Phone _____
City _____ State _____
Dates Employed: From _____ To _____
Position(s) Held _____
Salary: Start _____ End _____ Supervisor _____
Responsibilities: _____
Reason for leaving: _____
May we contact for reference? Yes _____ No _____

Company _____
Address _____ Phone _____
City _____ State _____
Dates Employed: From _____ To _____
Position(s) Held _____
Salary: Start _____ End _____ Supervisor _____
Responsibilities: _____
Reason for leaving: _____
May we contact for reference? Yes _____ No _____

Please attach resume with at least 3 business references.

➤ The facts stated herein are complete and true. I understand that any false statements shall be cause for immediate dismissal.

DATE _____ **SIGNATURE** _____