

**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 \_\_\_\_\_

**Note: This employer is obligated by law to conduct criminal background checks and/or studies. Any criminal conviction of specific laws and/or substantiated maltreatment of vulnerable adults or minors will preclude employment.**

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** \_\_\_\_\_