LAKEWALK SURGERY CENTER
1420 London Road Suite 100
Duluth, MN 55805
Phone (218) 728-0650   Fax (218) 728-8557

Name _____   DATE _____
            Last   First   Middle

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 _____

POSITION	OFFICE SKILLS	TECHNICAL SKILLS
Nursing _____	Typing _____ speed _____	Lab Work _____
Medical Secretary _____	Bookkeeping _____	EKG _____
Lab Tech _____	Billing _____	X-Ray _____
Receptionist _____	Coding _____	Injections _____
Transcriptionist _____	Medical Terminology _____	Venipuncture _____
Maintenance _____	Computer Skills _____	IV Therapy _____
Housekeeping _____	Programs _____	Surg. Assisting _____
Other _____	Other _____	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** _____