Scenic Rivers Health Services Resume

Please submit resume to <u>hr@scenicrivershealth.org</u> or Attn: HR, 20 Fifth Street SE, Cook MN 55723

Position Applying For: Lo		ocation:	Date:	
Applicant Information				
Name (first, MI, last)				
Address (street, city, state, zip code)			Mobile Telephone	
Email Address	3:		Home Telephone	
Are you legally authorized to work in the U.S.? Yes No (If hired, proof of work authorization is required.)				
Education School	Name & Location (city, state)	Major subjects	Diploma or Degree Received	
High School	Name & Location (city, state)		Yes No Type:	
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College			Yes No Type:	
Other			Yes No Type:	
Employment History (start with most recent)				
Name of Employer:		Location:		
Job Title:		Employment Dates (month and year)		
		From:	From: To:	
Description of Duties:				
Reason for Leaving:				
Name of Employer:		Location:		
Job Title:		Employment Dates (month and year)		
		From: To:		
Description of Duties:				
Reason for Leaving:				
Name of Employer:		Location:		
Job Title:		Employment Dates (m	Employment Dates (month and year)	
		From:	From: To:	
Description of Duties:				
Reason for Leaving:				
Required License(s)				
List any relevant licenses, trainings, or skills. (Include registration/license number and expiration date)				