

# QUESTIONNAIRE

Please fill out questionnaire completely. Any missing information may preclude you from proceeding to the next step in the process.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email address: \_\_\_\_\_ Main Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Would you consider relocating to another city or state for a job?  Yes  No

If yes, what city(s) and/or state(s) would you consider relocating to for a position? \_\_\_\_\_

If offered a position out of state, do you have relocation funding available through any state, federal, military or other program?  Yes  No

If yes, please give details

Type of funding program: \_\_\_\_\_

Amount of relocation assistance available: \_\_\_\_\_

Relocation parameters (miles radius, home town consideration etc.) \_\_\_\_\_

What type of position are you most interested in? \_\_\_\_\_

What are your minimum wage requirements? \$ \_\_\_\_\_

Are you interested in  Full Time  Part Time (# of hours \_\_\_\_\_) Shift preference  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Any

Do you desire to further your medical career/education?  Yes  No

If yes, what are your career/educational goals? Please state:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reliable transportation?  Yes  No

Do you have a high school diploma or equivalent?  Yes  No

Do you have the WorkKeys National Career Readiness Certificate?  Yes  No

If yes, what level have you achieved?  Gold  Silver  Bronze

Have you taken the WorkKeys Talent Assessment testing?  Yes  No

If yes, you will need to provide Compass Point with a copy of the Examinee Report to include:

Talent Summary Profile Scores

Talent Indices

Areas of Strength, as measured by assessment – percentile and scale definitions

Have you ever been convicted of or pled guilty or no contest with respect to a felony?  Yes  No

Please explain: \_\_\_\_\_

Have you ever been convicted of or pled guilty or no contest with respect to a misdemeanor?  Yes  No

Please explain: \_\_\_\_\_

Do you have any felony or misdemeanor charges pending against you now?  Yes  No

Please explain: \_\_\_\_\_

**Do not write in this box.**

Job Fair Location: \_\_\_\_\_

Name of Job Fair: \_\_\_\_\_

IV'er: \_\_\_\_\_

Reg \_\_\_\_\_

GSS \_\_\_\_\_

USD \_\_\_\_\_



**Education and/or Medical Training:** Starting with most recent, please list all Post-high school education and medical training.

**Educational/Training Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Trainer/Advisor Name: \_\_\_\_\_

Specifics of Training/Education:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was training/course work completed?  Yes  No

Did you earn a certification of completion or degree?  Yes  No

Please list: \_\_\_\_\_

**Educational/Training Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Trainer/Advisor Name: \_\_\_\_\_

Specifics of Training/Education:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was training/course work completed?  Yes  No

Did you earn a certification of completion or degree?  Yes  No

Please list: \_\_\_\_\_

**Educational/Training Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Trainer/Advisor Name: \_\_\_\_\_

Specifics of Training/Education:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was training/course work completed?  Yes  No

Did you earn a certification of completion or degree?  Yes  No

Please list: \_\_\_\_\_

**Additional Training/Educational Experience. Please List:**

Facility	State	Training/Certification	Cert Received	Year of Completion
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**Work Experience:** Starting with most recent employment, please list employment history.

**Most Recent Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Dates of Employment

Start Date: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer:  Yes  No

**Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Dates of Employment

Start Date: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer:  Yes  No

**Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Dates of Employment

Start Date: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer:  Yes  No

**Other Employment Experience that is applicable. Please List:**

Employer	City & State	Position	Dates of Employment	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**Military Experience:** Starting with most recent, please list all military experience.

**Branch of Military:** \_\_\_\_\_

Base Name and Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Name of Commander: \_\_\_\_\_

Dates of Enlistment:      Start Date: \_\_\_\_\_      Starting Rank: \_\_\_\_\_

   End Date: \_\_\_\_\_      Ending Rank: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of discharge: \_\_\_\_\_

**Branch of Military:** \_\_\_\_\_

Base Name and Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Name of Commander: \_\_\_\_\_

Dates of Enlistment:      Start Date: \_\_\_\_\_      Starting Rank: \_\_\_\_\_

   End Date: \_\_\_\_\_      Ending Rank: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of discharge: \_\_\_\_\_

**Branch of Military:** \_\_\_\_\_

Base Name and Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Name of Commander: \_\_\_\_\_

Dates of Enlistment:      Start Date: \_\_\_\_\_      Starting Rank: \_\_\_\_\_

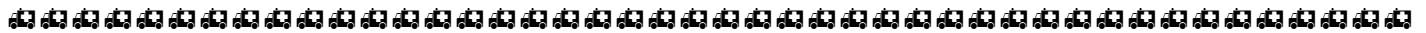
   End Date: \_\_\_\_\_      Ending Rank: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of discharge: \_\_\_\_\_



# Assistance/Funding Sources

## Education Benefit Payment Eligibility

Name of Benefit	Eligible	Length of Benefit Remaining (months)
Montgomery GI Bill	<input type="checkbox"/> Yes <input type="checkbox"/> No	
- Active Duty (MGIB-AD, Chapter 30)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
- Selected Reserve (MGIB-SR, Chapter 1606)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post 9/11 GI Bill (Chapter 33)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reserve Educational Assistance Program (REAP/Chapter 1607)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ARNG Federal Tuition Assistance (FTA)  Yes  No

If yes, please give details: \_\_\_\_\_

State Tuition Reimbursement (STR)  Yes  No

If yes, please give details: \_\_\_\_\_

Other  Yes  No

If yes, please give details: \_\_\_\_\_

Do you qualify for any other educational, relocation or career transition funding?  Yes  No

If yes, please list: \_\_\_\_\_

### **Candidate Referral Policies- Please Read and Sign**

- We do not always refer everyone who applies.
- We may not interview you today. We may call you another day for an interview.
- We do not always make referral decisions instantly. Depending upon the number of applicants, decisions may take several days or weeks.
- We do not discuss our referral decisions with applicants.
- Referrals will be dependent on the timely completion and acceptable scores of all testing requirements.
- Referrals will be, in part, dependent on funding availability.
- Offers of employment will be made by The Evangelical Lutheran Good Samaritan Society based on staffing needs, candidate qualifications and position requirements. There are no guarantees that candidates applying for a position will be made an offer of employment.
- Admission into University of South Dakota's Long Distance Nursing Program is based on criteria set forth by the University of South Dakota. Compass Point Labor Management does not determine admission.

I have read, understand and agree to cooperate with these policies.

I also understand that the information I provide about myself on application forms, tests, releases and during interviews will be used in making referral and hiring decisions, and I consent to it being used for this purpose.

I understand that the information supplied on this questionnaire may be shared, in part or in it's entirety with The Evangelical Lutheran Good Samaritan Society, The University of South Dakota and/or any other affiliates as yet to be determined that will be involved in this program.

I certify that the information I have supplied is true and correct.

I understand and agree that any deliberate falsification, misrepresentations, or omissions of fact may be grounds for rejection of my application and/or dismissal from subsequent programs affiliated with Compass Point, University of South Dakota and/or The Evangelical Lutheran Good Samaritan Society and/or any other affiliates as yet to be determined.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_