



VOLUNTARY DECLARATION

PO BOX 580
 MOBRIDGE SD 57601
www.moberidgehospital.org (605)845-3692 Fax (605)845-8252

An Equal Opportunity Employer

This invitation to register is voluntary and will be kept confidential.

Moberidge Regional Hospital, as a government contractor, has pledged to take affirmative action to employ and advance employees and applicants regardless of race, color, creed, age, sex marital status, religion, disability, or veteran status.

If you do not wish to answer any questions(s) or provide any information on this form, please leave this space(s) blank.

LAST NAME			FIRST NAME		MIDDLE NAME
DATE OF BIRTH	AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	RACE/ETHNIC GROUP <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

Have you any disability or handicap, which would keep you from performing certain kinds of work or duties? Yes No

If yes, explain limitation: _____

Are you a veteran (Gulf, Vietnam Era, Korean, etc.)? Yes No If yes, complete military service below.

MILITARY SERVICE

BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE	TYPE OF DISCHARGE	PRESENT STATUS (Reserves, Guards etc.)

List service schools attended: _____

Military Occupation (briefly describe) _____

Have you ever received disability compensation? Yes NO If yes, explain: _____

SPOUSES NAME:	MAIDEN NAME OR PRIOR MARRIED NAME(S)

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name	Address	Telephone Number

I understand that employment is contingent upon my satisfactorily passing the Pre-Employment screening.

Applicant Signature: _____ Date: _____