



Summer III Application for Employment

Mayo Clinic is an Affirmative Action and Equal Opportunity Educator and Employer. Post offer/pre-employment drug screening is required. No question on this form is asked for the purpose of limiting or excluding applicant's consideration because of protected status.

Applicant's Anticipated Graduation Date _____
Month / Year

PERSONAL DATA

Name _____
First Middle Last

Present Address _____ Phone _____
Street City State Zip Area Number

Permanent Address _____ Phone _____
Street City State Zip Area Number

Social Security Number Email address _____

Are you at least 16 years of age? Yes No

Are you a U.S. Citizen or national, permanent resident, a refugee, or asylee? Yes No

If you will require or already have temporary authorization to work in the United States under U.S. Immigration law, will you need assistance by Mayo Clinic to obtain or extend your work authorization? Yes No

Have you, under this name or any other name, ever been convicted of a crime (felony or a misdemeanor including DUI / DWI / OWI)? Yes No

NOTE TO ALL APPLICANTS: You are not required to disclose information concerning convictions that have been annulled, expunged, impounded, sealed, pardoned, or statutorily eradicated. A criminal conviction will not constitute an automatic bar to employment, but will be considered in the context of the specific job(s) for which you have applied. **However, falsifying your application by omitting information will be grounds to bar employment.**

Please provide your name as it appears on your social security card. Your social security number may be verified through the Social Security Administration office for income tax crediting purposes.

EDUCATION DATA

| | Name of School | City & State | Major/Degree |
|----------------------------|----------------|--------------|--------------|
| Last High School | | | |
| College/ School of Nursing | | | |
| Additional Education | | | |

NOTE: If your school or employment records are under another name, please indicate that name: _____

PLEASE NOTE: Applications, resumes and other documentation will be scanned into an online application database upon receipt by Human Resources. We encourage you to review, update or apply for additional jobs online. You can do this by visiting www.mayoclinic.org/jobs. If you have questions or need assistance, please call the Human Resource department at 507-266-0440 or toll-free at 800-266-0440.

School

Name

EMPLOYMENT HISTORY

Starting with your present or most recent employer, please list positions you have had. Do not omit work experience just because it may be unrelated to the job for which you are applying. Please fill out completely. **Resumes are welcome but are not a substitute for this section.**

| | | | | | | |
|--------------------------------------|--|-------------------------------|--------|--|-----|-----------------------|
| 1. Present or Last Employer | | Address | City | State | Zip | Description of Duties |
| Telephone Number Area Code () | | From (Mo., Yr.) to (Mo., Yr.) | | Job Title | | |
| Your Supervisor's Name | | Reason for Leaving | Salary | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 2. Previous Employer | | Address | City | State | Zip | |
| Telephone Number Area Code () | | From (Mo., Yr.) to (Mo., Yr.) | | Job Title | | Description of Duties |
| Your Supervisor's Name | | Reason for Leaving | Salary | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Are you a current employee of Mayo Clinic?

OR

Are you a previous employee of Mayo Clinic?

Dates Employed: _____ To _____
Month Year Month Year

Will you have had 2 semesters or 3 quarters of hospital clinical nursing experience prior to June of next year? Yes No

A current CPR certification is required. Date of last CPR class _____

Date of CPR expiration? _____

If you do not have a current CPR certification, when will you be certified? Date _____

Consent Agreement and Application Verification; Please read carefully and sign.

Conditions of Consideration for Employment

I understand this application may be shared with any Mayo affiliated entity. I hereby authorize investigation of all statements contained in this application. I release Mayo from any and all liability resulting from such investigation. I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal and/or refusal of employment. I understand that employment is subject to satisfactory reference reports, satisfactory completion of a pre-employment medical examination, proof of identity and authorization to work in the United States.

I understand that all conditions of employment, including but not limited to, hours, benefits, and salary are subject to change by Mayo at any time without prior notice to employees, subject to its obligations under the terms of any currently effective collective bargaining agreement. I also understand that employment at Mayo is "at will" employment and may be terminated at any time by either party. Mayo Clinic reserves the right to decide in its sole discretion whether it will assist any foreign national to obtain or extend any necessary work authorization under U.S. immigration law, and whether to revoke an offer of employment to such person. I further understand that I am required to abide by all rules and regulations of Mayo, and I also agree as a condition of employment to periodic physical examinations.

I understand that my application/resume will be entered into an on-line Mayo Clinic application database, which is accessible only by those involved in the application process. This database is the primary tool used by Staffing Specialists and Hiring Managers to review my applicant data. I also understand that I may view my application data on-line to verify its accuracy and update it by going to www.mayoclinic.org/jobs. I understand that if it is determined that I have two candidate profiles in the Mayo Clinic Applicant Database, Mayo Clinic will merge these profiles and it is my responsibility to ensure my remaining profile is accurate.

I certify the information provided above is true and complete to the best of my knowledge. I have read and understand the statements in the paragraphs above. By signing here, I am also verifying information on my résumé.

Signature

Date

Summer III Interest Inventory

The following information will help us to match your interests with our needs. It will be used to determine placement for those accepted into the program. While we take your interests into consideration, it is not a guarantee of specific placement. Please note the following items according to this ranking system:

1. Strong Interest 2. Interest 3. No Interest

DEPARTMENT OF NURSING CLINICAL INTERESTS

- | | |
|--|---|
| <input type="checkbox"/> Cardiac Catheterization Lab | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Post Partum/Nursery |
| <input type="checkbox"/> Ear / Nose / Throat Surgery | <input type="checkbox"/> Preoperative Waiting Area / Postoperative Anesthesia Care Unit |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Adult |
| <input type="checkbox"/> General Medical | <input type="checkbox"/> Child/Adolescent |
| <input type="checkbox"/> General Surgical | <input type="checkbox"/> Fibromyalgia Treatment |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Hematology / Oncology | <input type="checkbox"/> Transplants |
| <input type="checkbox"/> Inpatient Dialysis | <input type="checkbox"/> Bone Marrow |
| <input type="checkbox"/> Intensive Care Units | <input type="checkbox"/> Heart / Lung |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Kidney / Liver / Pancreas |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Operating Room | |
| <input type="checkbox"/> Orthopedics | |

SCHEDULING INTERESTS

- | | |
|---|---|
| <input type="checkbox"/> Day / Evening Rotation | <input type="checkbox"/> 8 hour work shifts (every other weekend) |
| <input type="checkbox"/> Day / Night Rotation | <input type="checkbox"/> 8 hour / 12 hour work shifts (every third weekend) |
| | <input type="checkbox"/> 12 hour work shifts – (72 hours of work per 2 week pay period, and every third weekend.) |

Would you have problems coming to work on certain days? Yes No

If yes, please explain: _____

PLEASE NOTE: Summer III Participation is a consecutive 10-week summer commitment. Summer III participants must be able to complete the entire 10 weeks.



MAYO CLINIC

Employee Application

Source of Interest

How did you hear of Mayo Clinic and/or what stimulated your interest in submitting this application for employment?
Please check the one that was most influential if possible.

- | | |
|---|---|
| <input type="checkbox"/> Ad in campus newspaper | <input type="checkbox"/> Referral by Mayo Clinic employee |
| <input type="checkbox"/> Campus Career Day | <input type="checkbox"/> Referral by friends or relatives |
| <input type="checkbox"/> Campus Poster | <input type="checkbox"/> Experience as a patient at Mayo Clinic |
| <input type="checkbox"/> Inquiry by mail in Mayo Clinic | <input type="checkbox"/> Former Mayo Clinic employment |
| <input type="checkbox"/> Telephone inquiry to Mayo Clinic | <input type="checkbox"/> Student Clinical Experience at Mayo Clinic |
| <input type="checkbox"/> Web Page | <input type="checkbox"/> Other (please indicate) _____ |
| | _____ |
| | _____ |

If you reside in Rochester, are you new to the community?

- Yes No

Applicant's Signature _____

Thank you for taking time to provide us with this information Date _____

The information on this card will only be used for record keeping purposes and will be kept separate from your application, The requested information is voluntary and it will not affect the processing of the employment application. This form is used to monitor applicant flow and support Mayo Clinic in its affirmative Action Program.

Please print

Date _____

Gender: F M

Racial Group (check one)

White Black Hispanic American Indian Asian or Pacific Islander

Position(s) applied for: _____

Please return this sheet with the completed application

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**DEPARTMENT OF NURSING CLINICAL INTERESTS**

Bone Marrow Transplant - pediatric and adult patients pre and post transplant.

Cardiac Cath Lab - care is provided for patients recovering from catheterization of the coronary arteries, coronary angiograms and other cardiac intervention.

Cardiovascular - care is provided for patients requiring cardiac monitoring, invasive cardiovascular procedures and specialized patient education.

Dermatology - care is provided for patients age 15 and over with newly diagnosed and chronic skin conditions. This care includes wet dressings, topical medications and photo-therapy.

Emergency Department - provides care at a Level I trauma center.

Gastroenterology - patients who require diagnostic or therapeutic procedures for GI conditions, including hepatobiliary diseases.

Gynecological - postoperative nursing care is provided for patients having gynecological surgery or patients experiencing complications of gynecology cancer.

Hematology - patients receiving treatment or experiencing complications from any hematologic disease process.

Inpatient Dialysis - Inpatient dialysis unit.

Intensive Care Units - several specialized units for medical and surgical patients requiring intensive care.

Nephrology - patients with newly diagnosed and chronic renal conditions.

Oncology - care is provided to patients with solid tumors who require chemotherapy or are experiencing complications.

Oral Surgery - postoperative nursing care is provided for patients who have had oral surgical procedures.

Orthopedics - patients with orthopedic problems who require medical or surgical care.

Otolaryngology - postoperative nursing care for patients with ear, nose, and throat surgery.

Outpatient Surgery - patients who have had a wide range of diagnostic or therapeutic procedures and do not require overnight hospitalization.

Pediatrics - care is provided for patients from infancy through adolescence with medical and surgical conditions.

Plastic Surgery - postoperative care is provided for patients with plastic surgery.

Post Partum/Nursery - nursery and post-partum nursing care.

Psychiatry - a variety of units where care is provided for patients requiring supportive and therapeutic psychiatric care.

Rehabilitation - provides nursing care in a multi-disciplinary environment to patients with temporary, progressive or permanent disabilities.

Specialty Medical - patients with a wide variety of medical conditions, including respiratory, metabolic and renal diseases.

Specialty Surgical - postoperative nursing care is provided to patients who have had thoracic, GI or general surgical procedures.

Transplants - pre and postoperative care is provided for patients who have had heart and/or lung transplants, or a kidney/liver/or pancreas transplant, or are experiencing complications.

Urology - postoperative nursing care is provided for patients who have had renal or urologic surgery.

SURGICAL SERVICES CLINICAL INTERESTS

Operating Room - care is provided in the surgical suite to patients during a surgical procedure.

Preoperative Waiting Area/Post Anesthesia Care Unit - nursing care is provided prior to surgery and immediately after surgery as the patient recovers from anesthesia.



Summer III Nursing Course and Clinical Experience Listing

| Needs/Skills | No Knowledge Of | Learned in Class Only | Minimal Experience | Moderate Experience | Feel Competent On | Comments: |
|---|-----------------|-----------------------|--------------------|---------------------|-------------------|-----------|
| Work on evening shift | | | | | | |
| Work on night shift | | | | | | |
| Basic patient hygiene | | | | | | |
| Patient mobilization and transfers | | | | | | |
| Blood pressure / T.P.R. | | | | | | |
| Apical pulse | | | | | | |
| Metric system (wt., ht., temp.) | | | | | | |
| Passing and collecting meal trays: Recording I & O in ml. Feeding patient | | | | | | |
| Empty and measure suction containers | | | | | | |
| Empty and measure Foley bags | | | | | | |
| Giving and taking bedpan | | | | | | |
| Specimen collection: Routine urine 24 hour urine Diabetic urine Stool Sputum | | | | | | |
| Isolation technique | | | | | | |
| Caring for patients with IV's | | | | | | |
| Caring for patients with drainage tubes | | | | | | |
| C.P.R. training | | | | | | |
| Assist admitting a patient | | | | | | |
| Assist dismissing a patient | | | | | | |
| Assist transferring a patient | | | | | | |

Additional Comments/Learning Needs:

Signature of Applicant

School



MAYO CLINIC

Faculty Clinical Reference

Dear Nursing School Faculty Member:

I am submitting an application for Summer III, a summer work experience at Mayo Clinic, Rochester Minnesota.

Will you please complete the evaluation on the reverse side and return it to me. I must have my application to Mayo Clinic by **January 15th**.

Thank you for your assistance.

Name of Nursing Student (please print)

Name of School

Faculty Clinical Summer III Reference Request

Student Name (please print)

.....
Based on your experience with the student in the clinical setting, please evaluate the student on the following items and use the scale on the right.

| | Very Good (top 10%) | Good (top 25%) | Average | Below Average |
|---|---------------------------|-------------------|---------|------------------|
| <i>WORK SKILLS</i> | | | | |
| 1. Organization of work | 1 | 2 | 3 | 4 |
| 2. Technical skills (Nursing Assistant level) | 1 | 2 | 3 | 4 |
| 3. Communication skills | 1 | 2 | 3 | 4 |
| <i>ATTITUDES TOWARD WORK</i> | | | | |
| 1. Attitude toward learning new skills | 1 | 2 | 3 | 4 |
| 2. Ability to adjust to new situations | 1 | 2 | 3 | 4 |
| 3. Integrity | 1 | 2 | 3 | 4 |
| <i>PERSONAL QUALITIES</i> | | | | |
| 1. Appearance | 1 | 2 | 3 | 4 |
| 2. Attendance | 1 | 2 | 3 | 4 |

What are the applicant's major strengths?

What areas need further improvement?

What is your overall evaluation of this student compared with others at the same level in your program?

By: _____ Title: _____

School: _____