



## EDUCATIONAL INFORMATION

School Name, City and State		Major Area of Study
High School: Duluth Central High School Duluth, MN	Diploma <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO GED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
College:	Degree Completed: <input type="checkbox"/> YES <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> NO # of years completed _____ Semester/Credit hours earned _____	
Graduate School:	Degree Completed: <input type="checkbox"/> YES <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> NO # of years completed _____ Semester/Credit hours earned _____	
Technical or Vocational Programs: Lake Superior College	(indicate type of certificate earned) CNA Certificate	Certified Nurse's Aide

**List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:**

TASER Training  
Use of Force Training  
Defensive Tactics Training

**List any current licenses or certificates you possess which may be related to this position:**

Valid MN Driver's License

**List any current registration(s) or membership(s) related to the position for which you are applying:**

## EMPLOYMENT EXPERIENCE

CURRENT EMPLOYMENT INFORMATION		
EMPLOYER City of Grand Rapids	<b>DATES EMPLOYED</b>	JOB TITLE: Hospital Security
	FROM	TO
ADDRESS 420 N. Pokegama Ave	10/2021	Present
CITY, STATE, ZIP Grand Rapids, MN 55744	NAME OF LAST SUPERVISOR: Kevin Ott	
TELEPHONE Area Code + Number 218-326-7626	<b>DESCRIBE YOUR WORK IN THIS JOB:</b>  Maintains security at GICH. Respond to complaints regarding hospital safety. Minimize disruptions and de-escalate situations and persons when needed. Prepare written reports and a daily log to document activity. Respond to emergencies that affect staff, patients and visitors. Routine interior and exterior security checks. Direct traffic, assist with crowd control, and secure helipad as needed. Effectively communicate with GRPD regarding emergencies on GICH property. Performs duties as assigned by GRPD and hospital administration. Attend GICH safety meetings. Prepare security activity reports and present to GICH administration. Assist with vehicle lock-outs as requested. Maintain security vehicle such as gas and wash.	
May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
REASON FOR LEAVING: Currently employed.		

PREVIOUS EMPLOYMENT INFORMATION		
List all positions held including full-time, part-time, military, summer, volunteer work and any periods of unemployment. Explain any period of unemployment. Attach additional sheet if necessary.		
EMPLOYER Grand Itasca Clinic and Hospital	<b>DATES EMPLOYED</b>	JOB TITLE: Admissions Financial Representative
	FROM	TO
ADDRESS 1601 Golf Course Rd	08/2019	10/2021
CITY, STATE, ZIP Grand Rapids, MN 55744	NAME OF LAST SUPERVISOR: Kari Frizzel	
TELEPHONE Area Code + Number 218-326-3401	<b>DESCRIBE YOUR WORK IN THIS JOB:</b>  Register patients presenting to the Emergency Department. Apply and verify insurances. Answer patient questions and de-escalate as needed. Remain in compliance with federal patient forms. Answer the phones for switchboard afterhours. Direct patients to appropriate units.	
May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
REASON FOR LEAVING: Began work for City of Grand Rapids.		

EMPLOYER Residence Inn by Marriott Minneapolis St. Paul/Eagan	<b>DATES EMPLOYED</b>	JOB TITLE: Assistant General Manager
	FROM	TO
ADDRESS 1560 Quarry Rd	12/2018	08/2019
CITY, STATE, ZIP Eagan, MN 55121	NAME OF LAST SUPERVISOR: Robert Everson	
TELEPHONE Area Code + Number 651-452-6020	<b>DESCRIBE YOUR WORK IN THIS JOB:</b>  Manage each department with the ability to complete every task necessary. Hire and train new staff. Provide excellent customer service and maintain the highest of standards. Schedule staff according to need and budget. Complete reports as assigned by corporate. Ran the whole building with limited staff while maintaining excellent customer survey scores. I was a salaried employee working up to 80 hours per week.	
May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
REASON FOR LEAVING: No work/life balance.		

**PREVIOUS EMPLOYMENT INFORMATION CONTINUED**

List all positions held including full-time, part-time, military, summer, volunteer work and any periods of unemployment. Explain any period of unemployment. Attach additional sheet if necessary.

EMPLOYER	<b>DATES EMPLOYED</b>		JOB TITLE:
	FROM	TO	
ADDRESS			NAME OF LAST SUPERVISOR:
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:		
TELEPHONE Area Code + Number			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
REASON FOR LEAVING:			

EMPLOYER	<b>DATES EMPLOYED</b>		JOB TITLE:
	FROM	TO	
ADDRESS			NAME OF LAST SUPERVISOR:
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:		
TELEPHONE Area Code + Number			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
REASON FOR LEAVING:			

EMPLOYER	<b>DATES EMPLOYED</b>		JOB TITLE:
	FROM	TO	
ADDRESS			NAME OF LAST SUPERVISOR:
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:		
TELEPHONE Area Code + Number			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
REASON FOR LEAVING:			

**UNPAID EXPERIENCE**

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may include, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

**MILITARY EXPERIENCE**

Did you serve in the U.S. Armed Forces?  Yes  No

Describe your duties:

Do you wish to apply for Veteran’s Preference points:  Yes  No

If you answered “yes,” you must complete the enclosed application for Veterans’ Preference Points, and submit the application and required documentation to the City of Grand Rapids by the application deadline of the position for which you are applying.

**AUTHORIZATION**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I understand that submission of an application does not guarantee employment. I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Grand Rapids is “at will,” and that employment may be terminated by either the City of Grand Rapids or me at any time, with or without notice. I understand that none of the documents, policies, procedures, actions, statements of the City of Grand Rapids or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Grand Rapids. In consideration for employment, if employed, I agree to conform to the rules, regulations, policies, and procedures of the City of Grand Rapids at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the City of Grand Rapids, I may be required to submit to a pre-employment medical and psychological examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already offered.

With my signature below, I am providing the City of Grand Rapids authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered “No” to the question, “May we contact your current employer?,” contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Practices Advisory, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Grand Rapids in writing of any changes to information reported in this application for employment.

Christina Harris  
Signature

09/19/2024  
Date

Name and number of person completing this form if other than applicant: \_\_\_\_\_