

Human Resources
216 Sunset Place
Neillsville WI 54456



Tel: 715.743.3101
Fax: 715.743.8443
www.MemorialMedCenter.org

An Equal Opportunity and Affirmative Action Employer

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____	DATE: _____
-------------------------------------	--------------------

PLEASE PRINT IN INK

PERSONAL DATA

LAST NAME FIRST NAME MIDDLE

STREET ADDRESS CITY STATE ZIP

SOCIAL SECURITY #	DATE OF APPLICATION	E-MAIL ADDRESS
HOME PHONE	WORK PHONE	CELL PHONE

GENERAL INFORMATION

If hired can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? Yes No
IF NO, PLEASE EXPLAIN: _____

IF HIRED, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION VERIFYING CITIZENSHIP OR ELIGIBILITY TO WORK IN THE UNITED STATES

Have you ever applied for a job with this hospital in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name. Yes No

Have you ever been employed by this hospital in the past? If yes, please give dates of employment, position held, and state your name while employed if different from present name. Yes No

Do you have any commitments to another employer that might affect your employment with our company? If yes, please explain: Yes No

NUMBER OF HOURS AVAILABLE

FULL TIME _____ PART TIME (# of hours PER 2 WEEKS) _____

SHIFT PREFERENCE- CHECK ALL THAT APPLY

DAYS EVENINGS NIGHTS DAYS/EVENINGS DAYS/NIGHTS

HAVE YOU BEEN CONVICTED OF A FELONY, OR RELEASED FROM PRISON IN THE PAST 10 YEARS? NOTE: A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT SINCE THE NATURE OF THE OFFENSE, DATE, AND TYPE OF JOB FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED. IF YES, PLEASE EXPLAIN: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

EDUCATION					
SCHOOLS ATTENDED	NAME OF SCHOOL AND LOCATION	DID YOU GRADUATE?	CHECK ONE BOX	GRADE POINT AVERAGE	
HIGH SCHOOL	NAME OF SCHOOL	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED		MAJOR COURSE OF STUDY
	LOCATION				YOUR NAME WHILE ATTENDING
	Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12				
TECHNICAL VOCATIONAL BUSINESS OR MILITARY TRAINING	NAME OF SCHOOL	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> CERTIFICATE		MAJOR COURSE OF STUDY
	LOCATION				YOUR NAME WHILE ATTENDING
COLLEGE OR UNIVERSITY	NAME OF SCHOOL	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> CERTIFICATE		MAJOR COURSE OF STUDY
	LOCATION				YOUR NAME WHILE ATTENDING

OFFICE SKILLS
Check Off Those With Which You Have Experience: <input type="checkbox"/> Word <input type="checkbox"/> Internet Explorer <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Excel <input type="checkbox"/> E-mail <input type="checkbox"/> Windows 98 or above <input type="checkbox"/> Medical Transcription <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Keyboarding Speed: _____ wpm <input type="checkbox"/> Other: _____

PROFESSIONAL CERTIFICATIONS/LICENSES		
License/Registration #	Profession	Expiration Date
Are There Any Restrictions On Your Professional License? <input type="checkbox"/> NO <input type="checkbox"/> YES if Yes, Explain: _____		
Is Your License Now Or Has It Ever Been Under Investigation Or Encumbered In Wisconsin Or Any Other State? <input type="checkbox"/> NO <input type="checkbox"/> YES if Yes, Explain: _____		
Are You CPR Certified? <input type="checkbox"/> NO <input type="checkbox"/> YES Certification Date: / /	Are You ACLS Certified? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Nursing Assistants - Are You On The Wisconsin Registry? <input type="checkbox"/> NO <input type="checkbox"/> YES	Have You Been Working In The Field For Which You Are Applying In The Last 12 Months? <input type="checkbox"/> NO <input type="checkbox"/> YES	

Complete ONLY if you are applying for a position in which you will be driving during work hours.				
Do you have a current driver's license? <input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, driver's license number?	Expiration Date	State	Has it ever been revoked or suspended? <input type="checkbox"/> NO <input type="checkbox"/> YES

EMPLOYMENT RECORD

Starting with your PRESENT or most recent EMPLOYER, please list all jobs you have had including experience in the military. Do not omit work experience just because it may be unrelated to the job for which you are applying. PLEASE COMPLETE THIS SECTION EVEN IF YOU ARE PROVIDING A RESUME.

Name Of Present Or Last Employer			
Employer's Address			
From: _____/_____/_____	To: _____/_____/_____	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Job Title
Description Of Duties			
Reason(S) For Leaving			
Phone		Supervisor	
Your Name When Working Here		May We Contact Your Present Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	Finishing Wage/salary \$ _____ (Circle One) Hr Wk Yr

Name Of Last Employer			
Employer's Address			
From: _____/_____/_____	To: _____/_____/_____	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Job Title
Description Of Duties			
Reason(S) For Leaving			
Phone	Supervisor	Your Name When Working Here	Finishing Wage/Salary \$ _____ (Circle One) Hr Wk Yr

Name Of Last Employer			
Employer's Address			
From: _____/_____/_____	To: _____/_____/_____	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Job Title
Description Of Duties			
Reason(S) For Leaving			
Phone	Supervisor	Your Name When Working Here	Position Wage/Salary \$ _____ (Circle One) Hr Wk Yr

REFERENCES

LIST BELOW THREE (3) PROFESSIONAL REFERENCES THAT ARE NOT RELATIVES.

1	NAME _____ RELATIONSHIP TO APPLICANT _____ ADDRESS _____ PHONE# (_____) _____
2	NAME _____ RELATIONSHIP TO APPLICANT _____ ADDRESS _____ PHONE# (_____) _____
3	NAME _____ RELATIONSHIP TO APPLICANT _____ ADDRESS _____ PHONE# (_____) _____

PLEASE READ CAREFULLY AND SIGN

I understand that the information on this application has been requested for the purpose of evaluating my qualifications for employment. This application and any other documents presented to me in the course of applying for a position with Memorial Medical Center is not a contract or promise of employment. I also understand that if I am hired, I will be an employee at will, which means that I may leave my employment voluntarily at any time for any reason and may likewise be terminated by Memorial Medical Center at any time for any reason. I understand that any oral or written statements to the contrary are not binding on Memorial Medical Center and that I may not rely upon them.

I authorize all schools and other educational institutions I have attended to provide Memorial Medical Center with all information which it seeks related to the dates of my attendance, the degrees I have named, the courses I have taken, my grades and related matters. I waive and release any and all claims I have against these institutions as a result of their compliance with Memorial Medical Center's request.

I agree to any and all pre-placement assessment(s) as may be deemed necessary by Memorial Medical Center, and further understand that my employment is contingent upon my completion of the hospital pre-employment assessment.

I understand that any false statements, omission of facts or misrepresentations in connection with my application form may be sufficient cause, in and of itself, to disqualify me for employment or cause my dismissal from employment whenever discovered.

I further understand that my employment is contingent upon providing proof of eligibility to work in the United States.

Signature

Date



Reference Release of Claims # @UV]Im: cfa

"I, _____, authorize my present and/or former employers and any of their employees to release to Memorial Medical Center information regarding my employment. This information shall include, but is not limited to, positions held, dates of employment, last rate of pay, work performance, disciplinary and attendance records, reliability and any incidents of dishonesty, insubordination, threatening or intimidating behavior, and unsafe conduct, including information based upon materials in my personnel files."

I, further, hereby release and hold harmless my former employers, their officers, employees, agents, and any other person who may communicate or provide information related to my employment from any and all claims, known or unknown to me, whether related to intentional, reckless or negligent conduct, arising from or related to information requested or acquired by Memorial Medical Center in the course of investigating and analyzing my employment history. I voluntarily grant this release to support my application for employment at Memorial Medical Center. I agree to inform Memorial Medical Center of any special concerns I may have related to information which may be discovered during this investigation in the space below. I have carefully read and understand this Release of Claims ~~As a result of~~ and have voluntarily agreed to its terms to assist Memorial Medical Center in meeting the business necessity of hiring honest, trustworthy, reliable and nonviolent employees who will not pose a risk of harm to employees and customers. I agree to fully cooperate with Memorial Medical Center in gathering information from my former employers and others. I further understand that all information and documents acquired by Memorial Medical Center, with the exception of credit information, will be maintained as confidential by the hospital, and that the hospital will not release such information to me."

Applicant's Signature

Date

Use the space below to discuss your concerns about information that Memorial Medical Center may acquire in the course of verifying references.