

Employment Application

An Equal Opportunity and Affirmative Action Employer
PLEASE PRINT IN INK OR TYPE

PERSONAL DATA:

LAST NAME		FIRST NAME		MIDDLE	
STREET ADDRESS		CITY		STATE	ZIP
SOCIAL SECURITY #		DATE OF APPLICATION	E-MAIL ADDRESS		
HOME PHONE ()		WORK 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 U.S.

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

POSITION APPLIED FOR	MINIMUM SALARY DESIRED
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NUMBER OF HOURS
 FULL TIME PART TIME (# of hours PER 2 WEEKS _____) ON CALL SUMMER INTERNSHIP PER DIEM

DAYS & HOURS AVAILABLE TO WORK

SHIFT PREFERENCE
 DAYS EVENINGS NIGHTS DAYS/EVENINGS DAYS/NIGHTS

HOW DID YOU LEARN OF THIS POSITION?
 WANT AD _____ (Publication) WALK IN JOB FAIR JOB POSTING WEB SITE _____
 YELLOW PAGES SCHOOL _____ PHONE INQUIRY
 EMPLOYEE (name) _____ OTHER: _____

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:
 _____ Yes No

POSITION APPLIED FOR FOR DATE

NAME

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
	Circle 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"/> DEGREE <input type="checkbox"/> DIPLOMA <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"/> DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE		MAJOR COURSE OF STUDY
	LOCATION				YOUR NAME WHILE ATTENDING
GRADUATE SCHOOL	NAME OF SCHOOL	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> DEGREE <input type="checkbox"/> DIPLOMA <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"/> E-mail	<input type="checkbox"/> Flow Charting	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Access	<input type="checkbox"/> Excel
<input type="checkbox"/> Internet Explorer	<input type="checkbox"/> Windows 98 or above	<input type="checkbox"/> Project Management	<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Keyboarding Speed: _____ wpm
<input type="checkbox"/> Other: _____					

RELATIVES AT BLACK RIVER MEMORIAL HOSPITAL	
List any relatives currently working at Black River Memorial Hospital	
Relationship	
Department	

PROFESSIONAL CERTIFICATIONS / LICENSES		
License/Registration #	Profession	Expiration Date
Are There Any Restrictions On Your 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 Registry? <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 for the past five (5) years. 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. NOTE: WE WILL CHECK REFERENCES**

Name Of Present Or Last Employer

Employer's Address

From ____/____/____ - To ____/____/____

Part Time

Full Time

Job Title

Description of Duties

Reason(s) For Leaving

Phone

Your Name When Working Here

Start
\$ _____

(Circle One)
hr wk yr

Finish
\$ _____

(Circle One)
hr wk yr

Name Of Last Employer

Employer's Address

From ____/____/____ - To ____/____/____

Part Time

Full Time

Job Title

Description of Duties

Reason(s) For Leaving

Phone

Your Name When Working Here

Start
\$ _____

(Circle One)
hr wk yr

Finish
\$ _____

(Circle One)
hr wk yr

Name Of Last Employer

Employer's Address

From ____/____/____ - To ____/____/____

Part Time

Full Time

Job Title

Description of Duties

Reason(s) For Leaving

Phone

Your Name When Working Here

Start
\$ _____

(Circle One)
hr wk yr

Finish
\$ _____

(Circle One)
hr wk yr

REFERENCES

List below three (3) professional references that are not former employers or relatives.

1

NAME _____ RELATIONSHIP TO APPLICANT _____

ADDRESS _____ PHONE # (_____) _____

2

NAME _____ RELATIONSHIP TO APPLICANT _____

ADDRESS _____ PHONE # (_____) _____

3

NAME _____ RELATIONSHIP TO APPLICANT _____

ADDRESS _____ PHONE # (_____) _____

(OVER - PLEASE READ AND SIGN BACK TO COMPLETE APPLICATION)

Reference Release of Claims Form

“I, _____, authorize my former employers and any of their employees or former employees to release to Black River Memorial Hospital information regarding my employment. This information shall include, but 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, _____, 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 Black River Memorial Hospital in the course of investigating and analyzing my employment history. I voluntarily grant this release to support my application for employment at Black River Memorial Hospital. I agree to inform Black River Memorial Hospital 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 and have voluntarily agreed to its terms to assist Black River Memorial Hospital 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 Black River Memorial Hospital in gathering information from my former employers and others. I further understand that all information and documents acquired by Black River Memorial Hospital, 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

Witness' Signature

Date

Use the space below to discuss your concerns about information that Black River Memorial Hospital may acquire in the course of its investigation.

PLEASE READ CAREFULLY AND SIGN

DRUG TESTING POLICY: Black River Memorial Hospital is committed to maintaining an environment which is free from the influence of illegal drugs to protect the health, safety and well-being of our patients, employees, and visitors. We reserve the right to test for the presence of illegal drugs in situations where a reasonable suspicion of usage exists as well as post-offer, pre-employment.

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 Black River Memorial Hospital 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 Black River Memorial Hospital at any time for any reason. I understand that any oral or written statements to the contrary are not binding on Black River Memorial Hospital and that I may not rely upon them.

I authorize all schools and other educational institutions I have attended to provide Black River Memorial Hospital 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 may have against these institutions as a result of their compliance with Black River Memorial Hospital's request.

I agree to any and all pre-placement assessment(s) as may be deemed necessary by Black River Memorial Hospital, 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

