

Employment Application

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

POSITION APPLIED FOR FOR
DATE
NAME

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	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME (# of hours PER 2 WEEKS _____)	<input type="checkbox"/> ON CALL	<input type="checkbox"/> SUMMER	<input type="checkbox"/> INTERNSHIP	<input type="checkbox"/> PER DIEM
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DAYS & HOURS AVAILABLE TO WORK

SHIFT PREFERENCE	<input type="checkbox"/> DAYS	<input type="checkbox"/> EVENINGS	<input type="checkbox"/> NIGHTS	<input type="checkbox"/> DAYS/EVENINGS	<input type="checkbox"/> DAYS/NIGHTS
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HOW DID YOU LEARN OF THIS POSITION?					
<input type="checkbox"/> WANT AD _____ (Publication)	<input type="checkbox"/> WALK IN	<input type="checkbox"/> JOB FAIR	<input type="checkbox"/> JOB POSTING	<input type="checkbox"/> WEB SITE _____	
<input type="checkbox"/> YELLOW PAGES	<input type="checkbox"/> SCHOOL _____			<input type="checkbox"/> PHONE INQUIRY	
<input type="checkbox"/> EMPLOYEE (name) _____		<input type="checkbox"/> OTHER: _____			

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?	If yes, driver's license number?	Expiration Date	State	Has it ever been revoked or suspended?
<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes

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

CRIMINAL HISTORY

Have you ever been convicted of, pleaded no contest to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense?

No Yes If Yes, provide details: _____

(If you are in doubt about the nature of any offense, please list; this question is designed to require disclosure of **all** past convictions, violations, fines or offenses, and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. However, no applicant will be denied a position because of a past conviction, offense, violation or fine, which is not substantially related to the circumstances of the employment sought.)

Are you currently subject to a pending criminal charge for any misdemeanor or felony?

No Yes If Yes, provide details: _____

(This question is designed to elicit information on **all** pending criminal charges, whether felony or misdemeanor. However, no applicant will be denied a position because of a pending criminal charge which is not substantially related to the circumstances of the employment sought.)

OFFICE SKILLS

Check Off Those With Which You Have Experience:

Word E-mail Flow Charting PowerPoint Access Excel
 Internet Explorer Windows Operating Systems Project Management Medical Transcription Medical Terminology Keyboarding Speed: _____ wpm
 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?

No Yes If Yes, Explain: _____

Is Your License Now Or Has It Ever Been Under Investigation Or Encumbered In Wisconsin Or Any Other State?

No Yes If Yes, Explain: _____

Are You CPR Certified?

No Yes Certification Date / /

Are You ACLS Certified?

No Yes

Nursing Assistants - Are You On The Registry?

No 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

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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



VOLUNTARY AFFIRMATIVE ACTION INFORMATION - APPLICANTS

In an effort to implement our voluntary government affirmative action program recordkeeping and reporting requirements, we ask that you complete this data survey. Your cooperation is appreciated. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any negative personnel action. Information provided will be kept confidential in accordance with applicable regulations.

NAME: _____

CHECK ONE: _____ Male _____ Female _____ Decline to identify

CHECK ONLY ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino):** a person having origins in any of the original peoples or North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino):** all persons who identify with more than one of the races of White, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, or American Indian or Alaska Native.
- Decline to identify**

TO BE COMPLETED BY APPLICANT—TO BE FILED SEPARATELY FROM APPLICATION FORM -- RETURN TO HUMAN RESOURCES

**BLACK RIVER MEMORIAL HOSPITAL
BLACK RIVER FALLS, WI**

Hospital Mission, Vision and Values

Black River Memorial Hospital's mission is to be the healthcare provider and employer of choice in its service area. In order to accomplish the organization's mission, we strive to recognize the value of each individual employee while promoting and encouraging a team approach to challenges and opportunities. We acknowledge the uniqueness of each employee and strive to create a positive work climate for employees, teams, departments and the organization. One tool to help us meet our mission is the Predictive Index®.

What Does the PREDICTIVE INDEX® Do and Not Do?

The Predictive Index is a method to predict the usual way in which people behave and to identify their motivating needs. The Predictive Index does not measure education, experience or skills. Nor does it examine values, aptitudes or pathologies.

The Predictive Index was developed and validated in compliance with Equal Employment Opportunity Commission (EEOC) Guidelines, as well as the professional standards established by the American Psychological Association (APA) and the Society of Industrial & Organization Psychology (SIOP).

Why Does Black River Memorial Hospital Use Predictive Index?

At Black River Memorial Hospital, the Predictive Index® survey is used as one tool to match the right person to the right job, facilitate communication, augment coaching activities and enhance teamwork. People happen to work differently. The Predictive Index is not about identifying "good" or "bad," it is about identifying differences and using those differences to the organization, manager and employee's benefit.



THE PREDICTIVE INDEX®
Organization Survey
Checklist

Name: _____ Date: _____

Occupation: _____

DIRECTIONS: Please read the words in the list below and check those that you feel describe **the way you are expected to act by others.**

- | | | |
|---|---|---|
| Helpful <input type="checkbox"/> | Esteemed <input type="checkbox"/> | Calm <input type="checkbox"/> |
| Relaxed <input type="checkbox"/> | Worrying <input type="checkbox"/> | Popular <input type="checkbox"/> |
| Exciting <input type="checkbox"/> | Sentimental <input type="checkbox"/> | Polite <input type="checkbox"/> |
| Assertive <input type="checkbox"/> | Adventurous <input type="checkbox"/> | Dynamic <input type="checkbox"/> |
| Patient <input type="checkbox"/> | Easy going <input type="checkbox"/> | Good-humored <input type="checkbox"/> |
| Conscientious <input type="checkbox"/> | Unassuming <input type="checkbox"/> | Escapist <input type="checkbox"/> |
| Sophisticated <input type="checkbox"/> | Good mixer <input type="checkbox"/> | Generous <input type="checkbox"/> |
| Persistent <input type="checkbox"/> | Agreeable <input type="checkbox"/> | Unobtrusive <input type="checkbox"/> |
| Earnest <input type="checkbox"/> | Well-liked <input type="checkbox"/> | Daring <input type="checkbox"/> |
| Outstanding <input type="checkbox"/> | Docile <input type="checkbox"/> | Tolerant <input type="checkbox"/> |
| Sympathetic <input type="checkbox"/> | Demanding <input type="checkbox"/> | Nice <input type="checkbox"/> |
| Loyal <input type="checkbox"/> | Charitable <input type="checkbox"/> | Compelling <input type="checkbox"/> |
| Self-starter <input type="checkbox"/> | Persuasive <input type="checkbox"/> | Resolute <input type="checkbox"/> |
| Conventional <input type="checkbox"/> | Careful <input type="checkbox"/> | Tranquil <input type="checkbox"/> |
| Eloquent <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Cultured <input type="checkbox"/> |
| Cynical <input type="checkbox"/> | Understanding <input type="checkbox"/> | Dominant <input type="checkbox"/> |
| Passive <input type="checkbox"/> | Spirited <input type="checkbox"/> | Respectful <input type="checkbox"/> |
| Gentle <input type="checkbox"/> | Congenial <input type="checkbox"/> | Nonchalant <input type="checkbox"/> |
| Brave <input type="checkbox"/> | Obedient <input type="checkbox"/> | Flexible <input type="checkbox"/> |
| Appealing <input type="checkbox"/> | Cheerful <input type="checkbox"/> | Attractive <input type="checkbox"/> |
| Thoughtful <input type="checkbox"/> | Obstinate <input type="checkbox"/> | Trusting <input type="checkbox"/> |
| Self-assured <input type="checkbox"/> | Convincing <input type="checkbox"/> | Eager <input type="checkbox"/> |
| Steady <input type="checkbox"/> | Responsive <input type="checkbox"/> | Shy <input type="checkbox"/> |
| Competitive <input type="checkbox"/> | Neighborly <input type="checkbox"/> | Fussy <input type="checkbox"/> |
| Fashionable <input type="checkbox"/> | Selfish <input type="checkbox"/> | Versatile <input type="checkbox"/> |
| Neat <input type="checkbox"/> | Reserved <input type="checkbox"/> | Amiable <input type="checkbox"/> |
| Audacious <input type="checkbox"/> | Serious <input type="checkbox"/> | Diplomatic <input type="checkbox"/> |
| Polished <input type="checkbox"/> | Persevering <input type="checkbox"/> | Self centered <input type="checkbox"/> |
| Fearful <input type="checkbox"/> | | Consistent <input type="checkbox"/> |

**Organization Survey
Checklist**

Name: _____

Start on other side of page.

DIRECTIONS: Continue by reading the words in the list below, now checking those that you yourself believe really describe you.

- | | | | | | |
|---------------------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|
| Helpful | <input type="checkbox"/> | Esteemed | <input type="checkbox"/> | Calm | <input type="checkbox"/> |
| Relaxed | <input type="checkbox"/> | Worrying | <input type="checkbox"/> | Popular | <input type="checkbox"/> |
| Exciting | <input type="checkbox"/> | Sentimental | <input type="checkbox"/> | Polite | <input type="checkbox"/> |
| Assertive | <input type="checkbox"/> | Adventurous | <input type="checkbox"/> | Dynamic | <input type="checkbox"/> |
| Patient | <input type="checkbox"/> | Easy going | <input type="checkbox"/> | Good-humored | <input type="checkbox"/> |
| Conscientious | <input type="checkbox"/> | Unassuming | <input type="checkbox"/> | Escapist | <input type="checkbox"/> |
| Sophisticated | <input type="checkbox"/> | Good mixer | <input type="checkbox"/> | Generous | <input type="checkbox"/> |
| Persistent | <input type="checkbox"/> | Agreeable | <input type="checkbox"/> | Unobtrusive | <input type="checkbox"/> |
| Earnest | <input type="checkbox"/> | Well-liked | <input type="checkbox"/> | Daring | <input type="checkbox"/> |
| Outstanding | <input type="checkbox"/> | Docile | <input type="checkbox"/> | Tolerant | <input type="checkbox"/> |
| Sympathetic | <input type="checkbox"/> | Demanding | <input type="checkbox"/> | Nice | <input type="checkbox"/> |
| Loyal | <input type="checkbox"/> | Charitable | <input type="checkbox"/> | Compelling | <input type="checkbox"/> |
| Self-starter | <input type="checkbox"/> | Persuasive | <input type="checkbox"/> | Resolute | <input type="checkbox"/> |
| Conventional | <input type="checkbox"/> | Careful | <input type="checkbox"/> | Tranquil | <input type="checkbox"/> |
| Eloquent | <input type="checkbox"/> | Satisfied | <input type="checkbox"/> | Cultured | <input type="checkbox"/> |
| Cynical | <input type="checkbox"/> | Understanding | <input type="checkbox"/> | Dominant | <input type="checkbox"/> |
| Passive | <input type="checkbox"/> | Spirited | <input type="checkbox"/> | Respectful | <input type="checkbox"/> |
| Gentle | <input type="checkbox"/> | Congenial | <input type="checkbox"/> | Nonchalant | <input type="checkbox"/> |
| Brave | <input type="checkbox"/> | Obedient | <input type="checkbox"/> | Flexible | <input type="checkbox"/> |
| Appealing | <input type="checkbox"/> | Cheerful | <input type="checkbox"/> | Attractive | <input type="checkbox"/> |
| Thoughtful | <input type="checkbox"/> | Obstinate | <input type="checkbox"/> | Trusting | <input type="checkbox"/> |
| Self-assured | <input type="checkbox"/> | Convincing | <input type="checkbox"/> | Eager | <input type="checkbox"/> |
| Steady | <input type="checkbox"/> | Responsive | <input type="checkbox"/> | Shy | <input type="checkbox"/> |
| Competitive | <input type="checkbox"/> | Neighborly | <input type="checkbox"/> | Fussy | <input type="checkbox"/> |
| Fashionable | <input type="checkbox"/> | Selfish | <input type="checkbox"/> | Versatile | <input type="checkbox"/> |
| Neat | <input type="checkbox"/> | Reserved | <input type="checkbox"/> | Amiable | <input type="checkbox"/> |
| Audacious | <input type="checkbox"/> | Serious | <input type="checkbox"/> | Diplomatic | <input type="checkbox"/> |
| Polished | <input type="checkbox"/> | Persevering | <input type="checkbox"/> | Self centered | <input type="checkbox"/> |
| Fearful | <input type="checkbox"/> | | | Consistent | <input type="checkbox"/> |

Please turn in your paper.