

NOTE: Type or print clearly. Any item on this form which you believe violates Federal or State civil rights or FEPC legislation need not be completed.

|                                    |   |
|------------------------------------|---|
| Name (Last, First, Middle Initial) | Social Security Number<br>:                   : |
|------------------------------------|---|

Address (Street, City, State, Zip Code)

|                                 |   |
|---------------------------------|---|
| Home Telephone Number<br>(    ) | Daytime Telephone Number (If Different)<br>(    ) |
|---------------------------------|---|

Citizenship (Check One)                    Are you 18 years or older?    Yes \_\_\_\_\_ No \_\_\_\_\_

US Citizen \_\_\_\_\_ Non-Citizen \_\_\_\_\_  
 Once employed by the Hospital you must be able to provide proof of eligibility to work in the US.

**JOB INTEREST**

|   |                 |  |
|---|-----------------|--|
| Position Desired (1 <sup>st</sup> Choice) | Salary Required | Will You Accept:<br><br>Full Time _____                    Weekends _____<br><br>Part Time _____                    Holidays _____ |
| Position Desired (2nd Choice)             | Salary Required |  |

|                                 |  |
|---------------------------------|--|
| How Soon Will You Be Available? | Shift(s) You Are Willing to Work:<br><br>Days _____                    Evenings _____                    Nights _____                    Any _____ |
|---------------------------------|--|

Please list any special skills or qualifications you possess which relate to the position you are applying for.

**EDUCATIONAL BACKGROUND**

| School Type      | Name and Location of School | Degree | Did You Graduate | Area of Concentration |
|------------------|-----------------------------|--------|------------------|-----------------------|
| High School      |                             |        |                  |                       |
| College          |                             |        |                  |                       |
| Other            |                             |        |                  |                       |
| Special Programs |                             |        |                  |                       |

|   |                           |
|---|---------------------------|
| Currently Taking Course(s)?<br><br>Yes _____ No _____ | Course and School Name(s) |
|---|---------------------------|

If your school or employment records are under another name, please state name.

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

|      |              |      |        |
|------|--------------|------|--------|
| Type | State Issued | Date | Number |
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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT HISTORY

Give a complete record of all employment, start with most recent employer (include military service.)

| Employment Period |    |    |    | Employer Information  | Last Salary,<br>Position and<br>Supervisor | Reason for Leaving |
|-------------------|----|----|----|-----------------------|--|--------------------|
| From              | To |    |    |                       |  |                    |
| Mo                | Yr | Mo | Yr | Name                  | Salary                                     |                    |
|                   |    |    |    | Address               | Position                                   |                    |
| Telephone<br>( )  |    |    |    | City, State, Zip Code | Supervisor                                 |                    |
| Mo                | Yr | Mo | Yr | Name                  | Salary                                     |                    |
|                   |    |    |    | Address               | Position                                   |                    |
| Telephone<br>( )  |    |    |    | City, State, Zip Code | Supervisor                                 |                    |
| Mo                | Yr | Mo | Yr | Name                  | Salary                                     |                    |
|                   |    |    |    | Address               | Position                                   |                    |
| Telephone<br>( )  |    |    |    | City, State, Zip Code | Supervisor                                 |                    |

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed at Edgerton Hospital? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, reason for leaving:

Do you have any relatives that work here? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, who are they? \_\_\_\_\_  
Relationships? \_\_\_\_\_

## PROFESSIONAL REFERENCES

Please list three references whom we may contact.

| Name | Address, City, State and Zip Code | Telephone | Occupation |
|------|-----------------------------------|-----------|------------|
|      |                                   |           |            |
|      |                                   |           |            |
|      |                                   |           |            |

Have you ever been convicted of a misdemeanor or felony? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes explain:

## APPLICANT AGREEMENT

I understand that if in the judgment of Edgerton Hospital and Health Services, Edgerton, Wisconsin, any information has been misrepresented, falsified or omitted, any offer of employment may be withdrawn or any employment terminated without obligation or liability on the part of the hospital. I understand that my employment at Edgerton Hospital and Health Services is conditional upon satisfactory completion of a physical examination, drug screen, TB test, Rubella Titre, and Wisconsin Caregiver Background Check. I further understand that Edgerton Hospital and Health Services operates 24 hours per day, 7 days per week, and that weekend work and/or changes in shift may be required during my employment. If employed, I will adhere to the rules and regulations of the hospital as stated in the Personnel Policy Manual. I authorize the businesses, schools, or persons named above to provide any information requested regarding me.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_