

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 : :
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Address (Street, City, State, Zip Code)

Home Telephone Number ()	Daytime Telephone Number (If Different) ()
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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 st Choice)	Salary Required	Will You Accept: Full Time _____ Weekends _____ Part Time _____ Holidays _____
Position Desired (2nd Choice)	Salary Required	

How Soon Will You Be Available?	Shift(s) You Are Willing to Work: Days _____ Evenings _____ Nights _____ Any _____
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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)? Yes _____ No _____	Course and School Name(s)
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If your school or employment records are under another name, please state name.

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	State Issued	Date	Number
Type	State Issued	Date	Number

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, Position and Supervisor	Reason for Leaving
From	To					
Mo	Yr	Mo	Yr	Name	Salary	
				Address	Position	
Telephone ()				City, State, Zip Code	Supervisor	
Mo	Yr	Mo	Yr	Name	Salary	
				Address	Position	
Telephone ()				City, State, Zip Code	Supervisor	
Mo	Yr	Mo	Yr	Name	Salary	
				Address	Position	
Telephone ()				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 _____