

An Equal Opportunity Employer



Application For Employment

Indianhead Medical Center
P.O. Box 300
Shell Lake, WI 54871
(715) 468-7833



APPLICATION FOR EMPLOYMENT

We are committed to a policy of equal treatment and opportunity in every aspect of our relations with our staff members without regard to race, color, religion, sex, national origin, age, marital status, or physical handicap (except when based on a bonafide occupational qualification). This includes, but is not limited to, recruitment, hiring, selection for training, transfers, promotion, raise of pay, and other forms of compensation and participation in employer sponsored educational, social, and recreational programs.

GENERAL INFORMATION

Last Name	First Name	Middle Initial	Telephone Number
Mailing Address		City	State Zip Code
E-mail Address		What is the best way to contact you?	
How did you learn about position?		Do you have relatives currently employed here? If so, who?	

POSITION

Position Desired	<u>Availability</u>	<u>Shift Desired</u>
How many hours can you work weekly?	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Weekend <input type="checkbox"/> Night <input type="checkbox"/> Rotating
Salary Desired	Date Available	

EDUCATION

<u>Type of School</u>	<u>Name and Address of School</u>	<u>Area of Study</u>	<u>Years Completed</u>	<u>Graduated</u>	<u>Degree and Year Received</u>
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational License, Certificate, or Registration	Number	Where Issued	Expiration Date		
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Summarize briefly other educational courses, workshops, or seminars and the dates attended:					
Professional Memberships					
List all pertinent skills and equipment that you can operate:					

WORK EXPERIENCE

(Most Recent First)

Employer	Telephone Number	From (Month/Year)
Address		To (Month/Year)
Job Title	Full Name of Supervisor	Hours Per Week
Job Duties		
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary

Employer	Telephone Number	From (Month/Year)
Address		To (Month/Year)
Job Title	Full Name of Supervisor	Hours Per Week
Job Duties		
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary

Employer	Telephone Number	From (Month/Year)
Address		To (Month/Year)
Job Title	Full Name of Supervisor	Hours Per Week
Job Duties		
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary

WORK EXPERIENCE (CONTINUED)

Employer	Telephone Number	From (Month/Year)
Address		To (Month/Year)
Job Title	Full Name of Supervisor	Hours Per Week
Job Duties		
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary

Employer	Telephone Number	From (Month/Year)
Address		To (Month/Year)
Job Title	Full Name of Supervisor	Hours Per Week
Job Duties		
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary

REFERENCES

(Please Provide 3, At Least 1 Business-Related)

<u>Name</u>	<u>Relationship</u>	<u>Contact Information</u>

Please use the space below to summarize any additional information necessary to fully describe your qualifications:

Please provide the following information with the understanding that your answers will not be used to disqualify you for employment, except when based upon bonafide occupational qualification.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a felony? Yes No

If yes, give details regarding when and where it took place.

READ BEFORE SIGNING

In submitting this application, I understand that omissions or false statements may disqualify me for employment or cause subsequent dismissal.

I authorize verification of all statements on this application, including past work experience and school records.

I understand that employment will not become confirmed until the status of my health has been approved by the employee health service, if required.

I understand that if I am hired by Indianhead Medical Center (IMC), my employment will be at the will of IMC and me, and that my employment does not constitute a contract. I also understand that IMC supports current policies and benefits but retains the right to change them at any time.

Signature of Applicant

Date