



"We're the heart of hometown healthcare"

257 West St. George Avenue
Grantsburg, WI 54840

APPLICATION FOR EMPLOYMENT

Please write plainly or print. This application becomes a permanent record if you are employed.

<p>Equal Employment Policy It is the policy of Burnett Medical Center to recruit and employ personnel without discrimination because of race, color, religion, age, sex, national origin or handicapped condition at all of its facilities and to give no preferential treatment to any applicant or employee.</p>	<p>Type of Work Preferred:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Check shifts you are willing to work (if applicable): <input type="checkbox"/> Day (1st) <input type="checkbox"/> Evening (2nd) <input type="checkbox"/> Night (3rd)</p>
---	--

Personal Data

First Name _____	Middle _____	Last _____	Telephone Number: () _____
Present Address _____			
Number _____	Street _____	City _____	State _____ Zip Code _____
Social Security Number _____		Are you age 18 or over? _____	

Educational Data

School attended	Name	City	State	Circle last grade completed	Major	Degree
High school				9 10 11 12		
Community College				1 2		
College or University				1 2 3 4 5 6 7 8		
Trade school / Apprenticeship school				1 2 3 4		

Special Skills: _____

Licenses: _____

Salary or Rate expected _____ per _____ If hired, when can you start? _____

Employment Data

Employer (Present or most recent)	Phone ()	Ext.	From Mo. Yr.	To Mo. Yr.
Address Number Street City	State	Zip Code	Final Base Pay	Additional Compensation
Name and title of supervisor(s)		Your position and duties (be specific)		
			Reason for leaving	
Employer	Phone ()	Ext.	From Mo. Yr.	To Mo. Yr.
Address Number Street City	State	Zip Code	Final Base Pay	Additional Compensation
Name and title of supervisor(s)		Your position and duties (be specific)		
			Reason for leaving	

Employment Data (continued)

Employer				Phone ()	Ext.	From Mo. Yr.	To Mo. Yr.
Address	Number	Street	City	State	Zip Code	Final Base Pay	Additional Compen- sation
Name and title of supervisor(s)				Your position and duties (be specific)			
						Reason for leaving	
Employer				Phone ()	Ext.	From Mo. Yr.	To Mo. Yr.
Address	Number	Street	City	State	Zip Code	Final Base Pay	Additional Compen- sation
Name and title of supervisor(s)				Your position and duties (be specific)			
						Reason for leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

PERSONAL REFERENCES (not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Personal Data (continued)

Is there any circumstance which may limit your ability to perform the job applied for? _____ If yes, what can be done to accommodate your limitation? _____

Have you ever worked for Burnett Medical Center? _____ When? _____ Where? _____

By whom or how were you referred to Burnett Medical Center? _____

Do you have the legal right to remain permanently in the United States? Yes No If no, indicate your valid Visa number: _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Date of conviction: _____
(Such a conviction does not necessarily disqualify you from employment.)

Person to be notified in case of accident or emergency: Name _____

Address _____ City _____ State _____ Telephone _____

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I hereby authorize Burnett Medical Center to make any legal investigation of my background deemed necessary. I have no objection to making application for security clearance, if necessary, signing an employer agreement on confidential information and inventions, or taking a medical examination. I understand that when completed and signed this application for employment becomes property of Burnett Medical Center. If employed, I agree to abide by and observe all rules and regulations of Burnett Medical Center, and I understand that employment depends on a need for my services, satisfactory replies from my references, and a favorable report from my physical examination which may include a screen for controlled drugs. Public law 91-508 requires that Burnett Medical Center advise me that inquiry may be made during the processing of my application which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided.

Signature of Applicant _____ Date _____

Do not write in this space

Hire date _____ Job title _____

Rate of pay _____ Per _____ Dept. no. _____ Clock no. _____
(Mo., hr., wk.)

Supervisor _____