

Secure Application for Employment

Human Resources
 257 W St George Ave
 Grantsburg WI 54840

www.burnettmedicalcenter.com

Email: jmckenzie@burnettmedicalcenter.com

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, or any other classification in accordance with federal, state, and local statutes, regulations, and ordinances.

Name (Last, First, MI)		Are you at least 18 years old?	Last 4 digits of your SSN	Phone Numbers (Home & Cell)	
Present Address, City, State, Zip Code			Previous Address, City, State, Zip Code		
Current Open Position(s) for which you are applying		Email			
1.	Position Type		Shift		
2.	<input type="checkbox"/> Per Diem	<input type="checkbox"/> Pool	<input type="checkbox"/> Day	<input type="checkbox"/> Weekend	
3.	<input type="checkbox"/> Full Time	<input type="checkbox"/> PRN	<input type="checkbox"/> Evening	<input type="checkbox"/> Rotation	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Night		
Salary Requirement	Are you willing to travel?	Are you willing to relocate?	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?		
If overtime work is required periodically, does this pose a problem for you?		Date available for work	Are You Legally Authorized to Work in the U.S.?		
Have you ever worked in this facility? If yes, what facility?		Are you related to another facility employee?			
Are you able to perform the essential, job related functions of the position for which you are applying with or without reasonable accommodations? Describe any accommodations necessary:				How did you learn about this position?	
Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? Arrests or charges that have been expunged need not be disclosed. If yes, give date, place, and nature of each such conviction:				<input type="checkbox"/> State Employment Commission	
Are you presently charged with any violation of the law? If yes, give date, place, and nature of each such event:				<input type="checkbox"/> Agency	
Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program?				<input type="checkbox"/> Internet	
				<input type="checkbox"/> Newspaper Ad	
				<input type="checkbox"/> Job Listing	
				<input type="checkbox"/> School	
				<input type="checkbox"/> Current Employee	
				<input type="checkbox"/> Job Line	
				<input type="checkbox"/> Indeed.com	
				<input type="checkbox"/> Other	

Educational History

Type of School	Name of School City, State	Check last year attended in school	Degree/Certificate
High School/GED		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated?	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	
Other		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	
Other		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	

List any professional licenses, registration, or certification you possess. Include Type, State Issued, Expiration Date and Number. Indicate if any licenses have been revoked, suspended, or placed on probation. Also indicate if you are ineligible to become licensed or certified in your field. Please explain.

Clerical or other skills applicable to the position for which you are applying.

Typing (WPM) _____

PBX

Proficient in what software:

Business machines and/or equipment you can operate:

Other

Work History

Current/Most Recent	Start Date (Month/Year)	End Date (if any)	Company	Company Phone Number	Name of Immediate Supervisor	
	Salary	Company Address		May we contact them?	Name while employed	
	Job Title			Position Type (Full, Part, PRN, other)		#Hrs/WK
	Nature of Duties			Reason for Leaving (if applicable)		

1 st Previous	Start Date (Month/Year)	End Date	Company	Company Phone Number	Name of Immediate Supervisor
	Salary	Company Address		May we contact them?	Name while employed
	Job Title			Position Type (Full, Part, PRN, other)	#Hrs/WK
	Nature of Duties			Reason for Leaving (if applicable)	
2 nd Previous	Start Date (Month/Year)	End Date	Company	Company Phone Number	Name of Immediate Supervisor
	Salary	Company Address		May we contact them?	Name while employed
	Job Title			Position Type (Full, Part, PRN, other)	#Hrs/WK
	Nature of Duties			Reason for Leaving (if applicable)	
3 rd Previous	Start Date (Month/Year)	End Date	Company	Company Phone Number	Name of Immediate Supervisor
	Salary	Company Address		May we contact them?	Name while employed
	Job Title			Position Type (Full, Part, PRN, other)	#Hrs/WK
	Nature of Duties			Reason for Leaving (if applicable)	

Professional References (Non-Relatives). Give references who have good knowledge of your work.

Name	Position	Address (City, State)	Phone Number	# of Years Known

Please Review and Acknowledge That You Understand the Following:

In making application for employment:

* I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

* I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

* I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.

* I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.

* Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.

* I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.

Release:

* I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

* I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment, employment or termination of employment with the employer exclusively by final and binding arbitration and before a neutral Arbitrator and in accordance with the rules and procedures for employment disputes adopted by the employer. Such claims shall include those that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Family and Medical Leave Act, state civil rights acts, the law of contract and the law of tort.

<input type="checkbox"/> I have read and understand these conditions of employment.	Applicants Full Name	Date
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Please attach a cover letter and/or resume.