

Employment Application

Human Resources
18601 Lincoln St.
Whitehall, WI 54773

(715) 538-4361, ext. 1053
(715) 538-4343 (fax)

Tri-County Memorial Hospital and Nursing Home
18601 Lincoln St., Whitehall, WI 54773

For office use only

POSITION APPLYING FOR _____

DATE RECEIVED _____

PLEASE PRINT IN INK Today's date _____

Date received

Personal information

Last name		First name		Middle initial	
Street address		City		State	Zip
Social Security #		E-mail address			
Home phone (if preferred contact) ()		Cellular phone (if preferred contact) ()		Work phone ()	

Position applying for

Employment desired

Position applying for			Minimum salary desired		
Number of hours					
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time - # of hours per 2 weeks _____	<input type="checkbox"/> On call	<input type="checkbox"/> Summer	<input type="checkbox"/> Per diem	<input type="checkbox"/> Internship
Shift preference					
<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	<input type="checkbox"/> Days/Evenings	<input type="checkbox"/> Days/Nights	
How did you learn of this position?					
<input type="checkbox"/> Want ad	_____ PUBLICATION	<input type="checkbox"/> Tri-County employee recommendation	<input type="checkbox"/> Tri-County web site		
<input type="checkbox"/> School	_____ YOUR SCHOOL	<input type="checkbox"/> Phone inquiry	<input type="checkbox"/> Applied in person		

General information

If hired can you furnish proof that you are 18 years of age? Or, if under 18, do you have a permit to work? Yes No If no, please explain: _____

Have you applied for employment at Tri-County Memorial in the past? If yes, note the date and position: Yes No If yes, date and position: _____

Have you been employed at Tri-County Memorial in the past? If yes, give dates of employment and position Yes No If yes, dates and position: _____

Do you have commitments to another employer that would affect your employment with Tri-County Memorial? Yes No If yes, explain: _____

Criminal record

Have you ever been convicted of a felony, or released from prison within the past 10 years? Please note that a "yes" answer does not automatically disqualify you from employment.

Yes If yes, explain: _____

No _____

Release of claims form

I authorize my former employers to release information to Tri-County Memorial regarding my employment. This shall include, but be limited to: positions held; employment dates; rate of pay; work performance; disciplinary and attendance records; conduct and behavior including information from my personnel files.

APPLICANT _____ DATE _____

WITNESS _____ DATE _____

Name

PLEASE REMEMBER TO SIGN YOUR NAME



complete reverse side



Education					
Schools attended	Name, location of school	Did you graduate?	Check one	GPA	
High school	SCHOOL NAME	<input type="checkbox"/> Yes	<input type="checkbox"/> Diploma		
	LOCATION	<input type="checkbox"/> No	<input type="checkbox"/> GED		
	Circle highest grade completed 6 7 8 9 10 11 12	<input type="checkbox"/> N/A			
Technical, vocational, Business or military training	SCHOOL NAME	<input type="checkbox"/> Yes	<input type="checkbox"/> Certificate		Major course of study
	LOCATION	<input type="checkbox"/> No	<input type="checkbox"/> Diploma		
		<input type="checkbox"/> N/A	<input type="checkbox"/> Degree		
College or university	SCHOOL NAME	<input type="checkbox"/> Yes	<input type="checkbox"/> Certificate		Major course of study
	LOCATION	<input type="checkbox"/> No	<input type="checkbox"/> Diploma		
		<input type="checkbox"/> N/A	<input type="checkbox"/> Degree		
Graduate school	SCHOOL NAME	<input type="checkbox"/> Yes	<input type="checkbox"/> Certificate		Major course of study
	LOCATION	<input type="checkbox"/> No	<input type="checkbox"/> Diploma		
		<input type="checkbox"/> N/A	<input type="checkbox"/> Degree		

Employment history

Name of present or most-recent employer	Employer address	Employer phone ()
From ___/___/___ To ___/___/___	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Wage
Description of duties		
Reason(s) for leaving		

Employer	Employer address	Employer phone ()
From ___/___/___ To ___/___/___	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Wage
Description of duties		
Reason(s) for leaving		

Employer	Employer address	Employer phone ()
From ___/___/___ To ___/___/___	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Wage
Description of duties		
Reason(s) for leaving		

References

Name	Relationship
Address	Phone
Name	Relationship
Address	Phone
Name	Relationship
Address	Phone