

**CLARK COUNTY HEALTH
CARE CENTER**
W4266 State Road 29
Owen, WI 54460
(715)229-2172

**APPLICATION FOR
EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

(Please Print) Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (____) _____ Social Security Number _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

If the position requires it: Do you have a valid drivers license? Yes No

Do you have access to a car? Yes No

Would you be willing to take an appropriate test? Yes No

Veteran of the U.S. Military Service? Yes No

List professional, trade, business, or civic activities and offices held. Exclude those which indicate race, color, religion, sex, or national origin:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EMPLOYMENT EXPERIENCE

Start with your present job or last job. Include military service and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

May we obtain references from the employers name above? _____ Yes _____ No

If No, name and explain exceptions. _____

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment of other experience:

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: Circle	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities	If you have completed a nurse's aide training course please attach copy of certificate.			

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. I also understand that I may be required to successfully complete a medical exam for initial and continued employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

 Signature of Applicant

 Date

REFERENCE RELEASE FORM

TO WHOM IT MAY CONCERN:

Release: Having made application for employment with Clark County Health Care Center and desiring them to be informed as to my previous work and/or academic record and character, I hereby authorize Clark County Health Care Center to investigate my past records and to ascertain any and all information which may concern my record and character.

Furthermore, I shall not hold the individual, company, institution, or their representative or Clark County Health Care Center responsible for any liability or damage whatsoever incurred to my character by the reference information released.

APPLICANT

DATE