



Richland Medical Center
 301 East Second Street
 Richland Center, WI 53581
 608.647.6161

APPLICATION FOR
 EMPLOYMENT

Richland Medical Center is an equal opportunity employer. Applicants are considered for employment without regard to color, national origin, religion, sex, age, handicap, disability, citizenship status or any other basis prohibited by law. In addition, equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. The following is required in order to help us make the best possible placement within Richland Medical Center. All portions of this application pertaining to you must be completed.

PLEASE PRINT

Name (Last)	(First)	(Middle)	Social Security No.
Address (Street)			Telephone No.
(City)	(State)	(Zip)	Alternate No.

Are you a U.S. Citizen or an alien legally entitled to work in the position(s) for which you have applied? Yes No

Are you 18 years of age or older? Yes No

How were you referred to Richland Medical Center? _____

Are you related to anyone now employed by Richland Medical Center – excluding your spouse? Yes No

If yes, who? _____

Position for which you are applying: _____

Salary expected: \$_____ Per _____

Other positions for which you would like to be considered: _____

If your application is considered favorably, on what date can you start work? _____

When are you available to work? (Check all that apply) Full Time Part Time Limited Time

Have you ever been convicted of or pled guilty to a felony? (Conviction or plea will not necessarily disqualify applicant from employment.) Yes No

Are you a Veteran of the U.S. Military? Yes No
 If yes, list branch: _____
 Dates of service: _____
 Rank: _____

EDUCATION

	Name of School	City and State	Grade Point Average	From	To	Courses Pursued Degrees Granted
High School						
College						
Graduate						
Other						

Courses now studying: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

1) Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			If presently employed, may we contact employer? _____ No _____ Yes
Reason for leaving or desiring to leave			
2) Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving or desiring to leave			

EMPLOYMENT EXPERIENCE, Continued

3) Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving or desiring to leave			
4) Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving or desiring to leave			

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please state the employer and dates of employment. _____

REFERENCES

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

1. _____
2. _____
3. _____

CLERICAL AND SECRETARIAL APPLICANTS ONLY

One (X) for knowledge Two (XX) for experience
 Data Entry C.R.T. Typing
 Calculating Machine Switchboard W.P.M.

Programs/Other: _____

MA/ LAB / X-RAY

Licensed / Certified? Yes No Date: _____

Applicant's Statement

Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.

_____ I certify that this application was completed by me and that all entries in it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.

_____ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references, past employers, and other sources. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including but not limited to Richland Medical Center, personal references, and previous employers from any and all liability for any injury or damage that may result from their furnishing information to Richland Medical Center concerning me or any action Richland Medical Center takes on the basis of such information.

_____ I understand that if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and/or drug screen and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status, or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Richland Medical Center is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Richland Medical Center, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Richland Medical Center material do not create any guarantee of employment and that Richland Medical Center has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and the requirements imposed by law. I understand that no representative of Richland Medical Center, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on Richland Medical Center.

Date

Signature of Applicant

FOR OFFICE USE ONLY

Position Title: _____

Salary: Annual _____ Weekly _____

Department: _____

Recommended by: _____

Supervisor: _____

Manager: _____ Date: _____

Date Employed: _____

Job Code: _____

Grade: _____

Review Date: _____

Range: _____ Mid: _____

Approved by: _____

Personnel: _____ Date: _____