

EMPLOYMENT APPLICATION
COLUMBIA HEALTH CARE CENTER
P.O. BOX 895 WYOCENA, WI 53969
(608) 429-2181 FAX (608) 429-2703
County website: www.co.columbia.wi.us
Human Resources Email: Lori.Aldridge@co.columbia.wi.us

POSITION APPLIED FOR _____ DATE _____

NAME _____ <i>Last First Middle</i>	Social Security Number _____
PRESENT ADDRESS _____ <i>Street</i>	Telephone Number _____
_____	Alternate Number _____
City, State, Zip Code	Email Address: _____

Are you a United States Citizen or a Permanent Resident Alien? Yes [] No []

If not what is your immigration status? _____
(If you are hired, you will be required to submit verification of your legal right to work in the United States.)

Have you filed an application or **worked** for CHCC before? Yes [] No [] If so, when? _____

Date available to begin employment _____ Professional license/Registration # _____

Please check employment preference Full time [] Part time [] 12 Hour Shifts (full time) []

Shift Preference _____ Can you travel if job required it? Yes [] No []

Do you have a Driver's License? None [] Wisconsin [] Out-of-State []

License Number _____

CDL classifications _____ CDL Endorsements _____

Are you at least 18 years of age? Yes [] No [] How were you referred to CHCC? _____

Are you or Have you ever been excluded or subject to exclusion from any federal or state health care program?
Yes [] No []

EDUCATION

School	Name and Location of School	Major Field	Highest Grade Completed	Degree or Diploma Earned
High School		Not Applicable		
College				
Graduate				

SPECIAL SKILLS AND QUALIFICATIONS

List any other education, training, specific skills, certificates, and licenses that you possess related to this job:

List any machines or equipment that you are qualified or experienced at operating:

List languages you use fluently: Speak: _____ Read: _____ Write: _____

EMPLOYMENT HISTORY

Are you presently employed? Yes [] No []

May we contact your present employer Yes [] No []

List any **previous name(s)** used in all employment history _____

Below, list your last 10 years (minimum) **or longer** of employment, starting with most **recent**.

Company Name	Telephone	Dates of employment (Month/Year) From: _____ To: _____
Address (Street/City/State/Zip)		Job Title/Position
Supervisor's Name		Salary (ending)
Describe work		Reason for leaving

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PERSONAL REFERENCES

(Do not include relatives or previous employers)

NAME	ADDRESS	BUSINESS	TELEPHONE

Have you ever been involuntarily terminated from a job before? Yes [] No []

If yes, provide name of employer and a brief explanation of the circumstances; _____

Have you been convicted of a felony or a misdemeanor in the last 10-years? Yes [] No []

If yes, when? _____

For what have you been convicted? _____

Are you subject to any pending criminal charges? Yes [] No [] If yes, please explain:

I certify that the answers given to me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements will render this application void, and if employed will result in termination. I agree that Columbia County shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application and through this process.

I also authorize pertinent companies, schools, agencies or persons to give any information requested regarding my employment, character, experience, qualifications and/or suitability for employment. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and I will not request copies of such information. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I understand that any offer of employment or continued employment, if hired, may be conditional upon passing a physical examination, including substance abuse screening. Refusal to participate will result in termination or denial of employment.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice.

Qualified applicants receive equal consideration and no question asked is for the purpose of excluding an applicant due to age, race, religion, creed, color, handicap, marital status, sex, sexual preference, national origin, ancestry, arrest, or conviction record as prohibited by law or regulation. Columbia County is an EQUAL OPPORTUNITY EMPLOYER.

Signature of Applicant: _____ Date: _____

The application will remain on file for one (1) year from the date of application. Incomplete applications will not be processed. Columbia County will not accept the telephone updates of applications.

COLUMBIA COUNTY RELEASE OF INFORMATION

AUTHORIZATION FOR RELEASE OF INFORMATION

(for official use only, not to be released to unauthorized individuals)

Information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omission(s) may be cause for rejections or may be cause for subsequent dismissal if I am hired.

I authorize a representative of Columbia County, within one year of the date on this application, to obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service System
3. Any banking Institution
4. Any place of business (purpose of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer (unless otherwise requested)
8. Personal references as provided on application
9. Any school, college, university or other educational institution
10. Any law enforcement certification or licensing board of Wisconsin or any other state

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act)
2. _____
3. _____

This release is executed to authorize Columbia County, as a prospective employer, to obtain information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Applicant Signature

Date

For Office Use ONLY

- Interviewed _____
Name of Position
- Regret Sent _____
Date
- Logged _____