



Community Memorial Hospital
 855 South Main Street
 Oconto Falls, Wisconsin 54154
 (920) 846-3444
 www.cmhospital.org

*Quality
 Care
 Trust
 Respect
 Community*

APPLICATION FOR EMPLOYMENT

Position(s) Applied For: _____ Date: _____

Last Name	First Name	Middle	Social Security Number
Address: Street		City	State
			Zip
Home Phone Number		Other Phone Number	
(____) _____		(____) _____	
Areas of Interest:			Earliest Starting Date
Registry license or certification held:	State Issued	Number	Expiration Date
Is State Registration Pending? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Special skills applicable to the job(s) for which you have applied:			

Are You Interested In:		List the Shifts You Can Work:	Days _____
Full Time <input type="checkbox"/>	Temporary <input type="checkbox"/>		Evenings _____
Part Time <input type="checkbox"/>	# of Hours/Week Desired _____	(In Order of Preference)	Nights _____
Are you available to work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you worked here before? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates _____ To _____			
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of, or pleaded guilty to, a crime either felony or misdemeanor? (A criminal conviction is not an automatic bar to employment). Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe in detail including date(s) of conviction(s). _____			

Do you have a legal right to work in the U.S.: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Community Memorial Hospital is an Equal Opportunity Employer

FOR OFFICE USE ONLY

Department _____ Job Title _____

Rate of Pay _____ Hours per Pay Period _____

Start Date _____ Scheduled Shift _____

Date Hired _____ Replacing _____

Date of Birth _____ EEO Code _____

Benefit Eligibility Date: Health/Dental _____ Life _____ STD _____

EMPLOYMENT HISTORY

Present or Most Recent Employer: Dates: From ___/___/___ to ___/___/___ May we contact for reference? Yes No

Company Name: _____ Phone: () _____ Salary: _____

Full Address: _____ Supervisor: _____ Shift: _____

_____ Job Title/Duties: _____

Department: _____

No. of Hours Worked per week: _____ Reason for leaving: _____

Present or Most Recent Employer: Dates: From ___/___/___ to ___/___/___ May we contact for reference? Yes No

Company Name: _____ Phone: () _____ Salary: _____

Full Address: _____ Supervisor: _____ Shift: _____

_____ Job Title/Duties: _____

Department: _____

No. of Hours Worked per week: _____ Reason for leaving: _____

Present or Most Recent Employer: Dates: From ___/___/___ to ___/___/___ May we contact for reference? Yes No

Company Name: _____ Phone: () _____ Salary: _____

Full Address: _____ Supervisor: _____ Shift: _____

_____ Job Title/Duties: _____

Department: _____

No. of Hours Worked per week: _____ Reason for leaving: _____

Present or Most Recent Employer: Dates: From ___/___/___ to ___/___/___ May we contact for reference? Yes No

Company Name: _____ Phone: () _____ Salary: _____

Full Address: _____ Supervisor: _____ Shift: _____

_____ Job Title/Duties: _____

Department: _____

No. of Hours Worked per week: _____ Reason for leaving: _____

EDUCATION

NAME AND ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA, DEGREE OR COURSE OF STUDY
High School	1 2 3 4	Yes ___ No ___	
Vocational/Technical	1 2 3 4	Yes ___ No ___	
College/University	1 2 3 4	Yes ___ No ___	
Other (Including Military)	1 2 3 4	Yes ___ No ___	

BUSINESS/PROFESSIONAL/CLINICAL REFERENCES

NAME	WORKING RELATIONSHIP	
ADDRESS	HOW LONG KNOWN?	PHONE NUMBER
NAME	WORKING RELATIONSHIP	
ADDRESS	HOW LONG KNOWN?	PHONE NUMBER
NAME	WORKING RELATIONSHIP	
ADDRESS	HOW LONG KNOWN?	PHONE NUMBER

What prompted you to apply at Community Memorial Hospital?

Newspaper, Journal or Ad-Name: _____ Referral-Name: _____

Website: _____ Other: _____

I have read and agree to live the hospital's mission and values while working at Community Memorial Hospital.

I consent to any medical examination required by the hospital at any time to determine my ability to perform the duties of my job or other jobs with the hospital. I understand any offer of employment is conditioned upon satisfactorily passing a physical examination and criminal background check. I also understand that the hospital has no-smoking and drug-free environment policies which I agree to comply with.

I understand and acknowledge that if employed, my employment will be at will, which means that either I or the employer may terminate employment at any time and for any reason with or without notice. I also understand that no one has any authority to enter into any agreement contrary to the preceding sentence except for a written agreement signed by the Administrator and notarized.

I hereby affirm that the information contained in this application (and resume, if any) is accurate and complete and I understand that any false or misleading information or omissions will disqualify me from employment consideration or if hired, result in termination of employment, regardless of when discovered.

I hereby authorize Community Memorial Hospital to (1) investigate all statements contained in this application; (2) contact my former employers and other listed references or any other persons who can provide information relative to my employment consideration; (3) contact any persons or entities regarding my employment application; (4) and make any other inquiries that the employer deems relevant in arriving at a decision regarding my application for employment. I consent to any contacted person, including former employers to provide information about me and I covenant not to sue any such person for information provided about me.

Signature of Applicant

Other names used (i.e. maiden)

Date