

Applicant may request accommodation, if needed, to complete the application process.
You are to complete the entire application to be considered.

Name: _____ Date: _____ Street Address: _____
(First, Middle, Last, please print)

City: _____ State: _____ Zip: _____ Email: _____

Telephone Number: _____ Cell Phone: _____

Preferred telephone number where we can reach you during the day: _____

Position applied for (If you are applying for more than one position, please indicate them here).*

Date available for work: _____

Applying for:

- Full-time (80 hours per two-week pay period or more)
- Part-time (Set # of hours per two-week pay period)
- Temporary
- Casual/Per Diem

How many hours are you available to work? _____

What shift(s) are you willing to work?

- Days Nights Weekends
- PMs Holidays

Are you a citizen of the U.S. or legally authorized to work in the U.S.?

- Yes No

If hired, you will have to provide proof of work authorization.

If you have applied for employment here previously, when did you apply and what was the position?

If you have worked here previously, please indicate when. _____

If you ever worked for Gundersen Health System or any of its affiliates before, please indicate when and where you worked.

If you have ever volunteered here, when was that? _____

If you've ever applied, worked or volunteered under a different name, what was your name? _____

Briefly explain why you want to work for us?

If you have any commitments that would affect your employment with us, please explain:

Are you at least 16 years old?

- Yes No

If not, do you have or are you willing to obtain a valid work permit?

- Yes No

Are you on layoff, subject to recall?

- Yes No

Education

High School: _____

Name/Address of School (City/State)

Circle last year completed: 1 2 3 4 Did you graduate? Yes No

Technical/Vocational/Business School: _____

Name and address (city/state)

Month/Year Attended: From _____ To _____

Circle last year completed: 1 2 3 4 Did you graduate? Yes No

List diploma degree or course of study: _____

College: _____

Name and address of college (city/state)

Month/Year Attended: From _____ To _____

Circle last year completed: 1 2 3 4 Did you graduate? Yes No

List diploma or college degree: _____

Other: _____

Name and address of other organizations (city/state): _____

Month/year attended other organization: From _____ To _____

Circle last year completed: 1 2 3 4 Did you graduate? Yes No

List diploma or degree or course of study: _____

Professional associations of which you are a member?: _____

Name and address (city/state) of professional associations: _____

Month/Year(s) of Membership: From _____ To _____

License/Certification/Registration

Are you professionally licensed, certified or registered with any professional group, association or society? Yes No

List type, number, state and expiration date for each type of license/certification/registration.

Has a state licensing authority ever revoked, suspended or placed conditions on your license(s)? Yes No

Skills

Please list any additional experiences, skills and qualifications which relate to the job you are applying for:

Typing: WPM _____

List any office machines/equipment you can operate: _____

List computer programs that you are proficient in: _____

Work History

Present or last employer: _____

Company Name _____ Street Address _____

City/State/Zip _____

Telephone: _____

Dates Employed: From _____ To _____

Position: _____ Title: _____

Last Salary: _____

Shift: Full-time Part-time

Name of Supervisor: _____

May we contact? Yes No

Duties/Responsibilities: _____

Reason for leaving: _____

Your name then (if different): _____

Previous Employer: _____

Company Name _____ Street Address _____

City/State/Zip _____

Telephone: _____

Dates Employed: From _____ To _____

Position: _____ Title: _____

Last Salary: _____

Shift: Full-time Part-time

Name of Supervisor: _____

May we contact? Yes No

Duties/Responsibilities: _____

Reason for leaving: _____

Your name then (if different): _____

Previous Employer: _____

Company Name _____ Street Address _____

City/State/Zip _____

Telephone: _____

Dates Employed: From _____ To _____

Position: _____ Title: _____

Last Salary: _____

Shift: Full-time Part-time

Name of Supervisor: _____

May we contact? Yes No

Duties/Responsibilities: _____

Reason for leaving: _____

Your name then (if different): _____

Professional/Personal References

Name (1): _____

2 References Required

Relationship: _____

(Co-worker? Former supervisor? Friend? Family?)

Occupation: _____

Address: _____

Daytime Phone Number: _____

(Is this a cell Work number Home number)

Email: _____

Name (2): _____

Relationship: _____

(Co-worker? Former supervisor? Friend? Family?)

Occupation: _____

Address: _____

Daytime Phone Number: _____

(Is this a cell Work number Home number)

Email: _____

If your spouse is currently employed here, please indicate their department.

If you have served in the U.S. Military, please explain the work experience gained.

Have you lived or worked outside of your home state in the last three years?
 Yes No

If so, where?: _____

Have you ever been convicted of a felony, misdemeanor or other criminal offense (including a civil forfeiture) or are any criminal charges pending against you? Yes No

If yes, explain the nature of the offense.

What was the date of the conviction? _____

What was the municipality or county and state in which you were convicted?

Conviction or pending charges will not automatically disqualify an applicant from consideration for a position unless such is required by law. Otherwise, the circumstances of the crime will be considered as it relates to the job or if the application is not bondable for a job requiring bonding. Add any additional information that may be relevant here:

Do you have a record of founded child or adult abuse? Yes No

If yes, describe in full, including dates.

Where did you learn of our job opening? Be specific.

Website Newspaper Employee Referral

Other: _____

Agreement to Investigation and for Release of Records

READ CAREFULLY AND ACKNOWLEDGE BY YOUR WRITTEN SIGNATURE AND TODAY'S DATE

I hereby certify that the facts set forth in this application are true and correct. I understand that any false statements or omissions concerning requested information on this application shall be a sufficient basis for denial of employment or summary dismissal at any time during my employment without liability to Gundersen Health System and its affiliates. I understand and agree that at no time, regardless of whether I am an employee of Gundersen Health System and its affiliates, will any information regarding patients be revealed to anyone other than those authorized to receive it. I understand that the sharing of such information with those not authorized to receive it is unlawful and shall be cause for my immediate dismissal. I agree to any medical examination required upon the offer of employment and understand that my employment is contingent upon successful completion of the examination. I also understand that my employment at Gundersen Health System and its affiliates is contingent upon the satisfactory completion of a drug screen, a caregiver background check and investigation of my work record and references. If employed, I agree to abide by all the work and safety rules of the Gundersen Health System and its affiliates. I understand that a criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question. I understand that Gundersen Health System and its affiliates are committed to maintaining a drug-free workplace. I am aware that Gundersen Health System and its affiliates has the authority to enter into any agreement for employment for any specified period of time; Gundersen Health System and its affiliates are not guaranteeing employment for any specific period of time; and no employment contract is being created by virtue of being hired.

This authorization is provided in connected with a consumer report or investigative consumer report ("background check") that may be conducted by Universal Background Screening, Inc. at the request of Gundersen Health System or its affiliates ("the Company"). This authorization is a supplement to any previous disclosures, notices and authorizations obtained by the Company in compliance with the Fair Credit Reporting Act (FCRA) and applicable state laws.

I hereby authorize any court, law enforcement agency, school, college, university (public or private), employer or other record-holding agency to furnish any and all background information requested. These records may include, but are not limited to: employment, education, professional licensure or certification, criminal history, civil court records, driving records, and/or any other public records. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Gundersen Health System and its affiliates is smoke-free. I will abide by the Company policies and procedures. My **SIGNATURE** indicates my agreement and acknowledgement that my evaluation for this position will be based on the information I have provided in my application.

Signature of Applicant

Date