



112 Helen Street, Sauk City, WI 53583
608-643-3351

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Name _____				
Last	First	Middle		
Present address _____				
Number	Street	City	State	Zip
How long have you lived at your present address _____		Social Security No. _____ - _____ - _____		
Telephone where you can be reached (____) _____				
If under 18, do you have a Work Permit? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMPLOYMENT DESIRED:				
Position(s) applied for: 1 st Choice: _____ Salary Desired: _____ 2 nd Choice: _____ Salary Desired: _____ (Be specific)			Days/hours available to work <input type="checkbox"/> No Preference Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____	
How many hours can you work weekly? _____ Can you work nights? _____				
Employment desired: <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When would you be available for work? _____				
I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.				
Applicant Signature _____			Date _____	
If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective, then for any future employment.				
EDUCATION/TRAINING:				
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	# YEARS COMPLETED	GRADUATED	MAJOR & DEGREE
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lab/X-Ray/Other Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:				
TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	VERIFICATION



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WORK EXPERIENCE:

Please list your work experience for the **past ten years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____
Last
First
Middle

Name of employer	Name of last supervisor	Employment dates (month/year)	Pay or salary
Address City, State, Zip Code Phone number		From To	Start Final
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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CRIMINAL BACKGROUND:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

BACKGROUND:

Please list your short-term professional goals:

Please list your long-term professional goals:

What was your favorite job, and why:

What was your least favorite job, and why:

REFERENCES:

Please list three references other than relatives or previous employers.

Name and Relationship	Title	Company Name and Address	Telephone



APPLICATION FOR EMPLOYMENT

Name _____
Last First Middle

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Prairie Clinic SC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Prairie Clinic SC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Prairie Clinic SC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply Prairie Clinic SC and/or its agents with an investigative consumer report containing any information concerning my background. I authorize Prairie Clinic SC, its partners, personnel and/or agents to conduct and interpret interview procedures they believe necessary. If hired, this authorization shall remain on file and shall serve as an on-going authorization for Prairie Clinic SC to procure consumer reports or investigative consumer reports at any time during my employment period. I release Prairie Clinic SC, its partners, personnel and agents from any liability, responsibility, damages and claims of any kind whatsoever arising from this investigation of my background and the interview procedures conducted.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Please mail or drop off your completed application to:

Prairie Clinic S.C.
Human Resources Dept
112 Helen Street
Sauk City, WI 53583
608-643-3351