

APPLICATION FOR EMPLOYMENT



Winneshiek
MEDICAL CENTER

Winneshiek Medical Center
901 Montgomery Street
Decorah, Iowa 52101

Phone: (563) 382-2911
Fax: (563) 382-1962
E-mail: jobs@winmedical.org
Website: www.winmedical.org

Application Date: _____

Name (First, Middle and Last)	Social Security Number
-------------------------------	------------------------

Street Address/Apt Number	City	State	Zip
---------------------------	------	-------	-----

Home Phone	Alternate Phone (if applicable)	Email Address
------------	---------------------------------	---------------

How did you learn about this position (Be specific with names)	
<input type="checkbox"/> News paper	<input type="checkbox"/> Mailing
<input type="checkbox"/> Referred by Employee	<input type="checkbox"/> Job Board
<input type="checkbox"/> Recruiter	<input type="checkbox"/> Career Day/Job Fair
<input type="checkbox"/> Internet	<input type="checkbox"/> Student/Clinical Rotation
	<input type="checkbox"/> Other

Have you ever been employed by WMC or WMCH <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Position: Date(s):	Have you ever worked under any other name(s) <input type="checkbox"/> Yes <input type="checkbox"/> No (For employment verification) Name(s):
--	--

Position(s) applied for (in order of preference)	
1	2

Date available for employment	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary Check all that apply <input type="checkbox"/> Part-time <input type="checkbox"/> PRN (as needed)	Shift Preference Check all that you are willing to work: <input type="checkbox"/> 1st/Day <input type="checkbox"/> 2nd Evenings <input type="checkbox"/> 3rd/Nights <input type="checkbox"/> Weekends Rotating: <input type="checkbox"/> Days/Evenings <input type="checkbox"/> Days/Nights <input type="checkbox"/> Evenings/Nights
Have you graduated from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	

College/University Nursing School/Vocation	Address City, State, Zip	Degree and Major or Program	Graduated Yes or No	Date

Office Skills: (Check all that apply)

<input type="checkbox"/> Keyboarding	<input type="checkbox"/> Transcription	<input type="checkbox"/> 10 Key	<input type="checkbox"/> Medical Terminology
<input type="checkbox"/> Computer	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Desktop Publishing (Publisher, Adobe Creative Suite)

Other job related skills or computer programs used:

Please list any additional experience, skills, and qualifications which may relate to the position for which you are applying:

PROFESSIONAL LICENSES AND CERTIFICATES			
Type	License/Certificate Number	State Issued	Expiration Date

EMPLOYMENT

Give a complete record of all employment and reasons for periods unemployed within the last 10 years. Include volunteer work, military service, etc. Start with present or most recent employer. Attach additional sheets if necessary. Complete this section even if you have attached a resume.

1

Company Name	Telephone:		Fax
Address: City, State, Zip	Employed (month and year)	From	To
Name & Title of Supervisor	Hourly Pay/Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN (as needed)	
Position Held/Describe Duties:	May we contact your present employer for references: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, please explain		
Reason for Leaving:			

2

Company Name	Telephone:		Fax
Address: City, State, Zip	Employed (month and year)	From	To
Name & Title of Supervisor	Hourly Pay/Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN (as needed)	
Position Held/Describe Duties:	Reason for Leaving:		

3

Company Name	Telephone:		Fax
Address: City, State, Zip	Employed (month and year)	From	To
Name & Title of Supervisor	Hourly Pay/Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN (as needed)	
Position Held/Describe Duties:	Reason for Leaving:		

4

Company Name	Telephone:		Fax
Address: City, State, Zip	Employed (month and year)	From	To
Name & Title of Supervisor	Hourly Pay/Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN (as needed)	
Position Held/Describe Duties:	Reason for Leaving:		

ADDITIONAL REFERENCES

Give name(s) of person(s) familiar with your current abilities whom we may contact for a reference. Please do not list relatives.

1

Name	Relationship to applicant		Organization
	Phone Number	Home Work	Address, City, State, Zip
	Fax Number	Cell	Email Address

2

Name	Relationship to applicant		Organization
	Phone Number	Home Work	Address, City, State, Zip
	Fax Number	Cell	Email Address

3

Name	Relationship to applicant		Organization
	Phone Number	Home Work	Address, City, State, Zip
	Fax Number	Cell	Email Address

Have you ever been discharged from a job? Yes No
 If yes, list employer, dates, reason and explanation.

CRIMINAL BACKGROUND

A criminal conviction may not necessarily disqualify an applicant from employment but may be considered during the selection process based on the nature and duties of the position(s) for which you apply.

Do you have a record of founded child or dependent adult abuse in this state or any other state? Yes No
 If yes, Please provide dates and an explanation.

Have you, under this name or any other, ever been convicted of a felony or misdemeanor in this state or any other state? This includes but is not limited to Operating While Intoxicated (OWI), Driving Under the Influence (DUI), Underage possession of alcohol, or 5th Degree Theft. This does not include minor traffic violations, such as speeding. Yes No

If yes, Please provide dates and an explanation.

CITIZENSHIP	Within three days after employment, you will be required by IRCA guidelines to prove your citizenship or eligibility as an alien.
--------------------	---

Are you a citizen of the Unites States or specifically authorized to be employed in the Unites States? Yes No

PLEASE NOTE

Winneshiek Medical Center operates 24 hours a day, seven days a week. Assignments of shifts, hospital units, days off and other conditions of employment are generally made on basis of availability, tenure, and ability in each job classification. Each employee is required to comply with staffing assignments. As work changes occur within departments or organization-wide, employees may be required to change shifts and/or days worked temporarily, or on a regular basis.

SIGNATURE

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, I may be discharged.

I authorize Winneshiek Medical Center (WMC) to investigate all statements contained in this application for employment to include criminal, child and dependent adult abuse information as well as my character and qualifications. If my position requires that I drive for WMC, I authorize WMC and its current insurance carrier to conduct and obtain a Motor Vehicle Report (MVR) of my driver's license.

I authorize my prior employers, references, and others with information regarding my work, educational history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. If hired, my employment and compensation can be terminated at will, with or without a showing of cause, and with or without notice by myself or my employer. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by Winneshiek Medical Center. I am aware that WMC is a tobacco-free campus, which includes smokeless tobacco products and the policy is implemented with zero tolerance for violations.

I also understand that if I am offered employment, the offer is conditioned upon receipt of satisfactory employment references, acceptable criminal/abuse background information, and favorable health evaluation which includes a physical examination and drug test (urinalysis) provided by Winneshiek Medical Center.

Signature of Applicant	Date
------------------------	------

It is the policy of Winneshiek Medical Center that all persons employed will be treated without regard to race, color, religion, qualified disability, gender, sexual orientation, gender identity, age, or national origin, except where these categories are a bonafide occupational qualification.

REFERENCE AUTHORIZATION

Winneshiek Medical Center
 901 Montgomery Street
 Decorah, Iowa 52101
 (563) 382-2911 • Fax (563) 382-1962

Applicant: Please complete and sign the upper portion of this Reference Authorization to expedite the processing of your application.

_____ Print Full Name Other names under which you have worked

I voluntarily give Winneshiek Medical Center the right to make an investigation of my past employment record, educational history and character. I agree to cooperate in such an investigation, and release from all liability and/or responsibility all persons, companies or corporations supplying such information.

_____ Applicant Signature Date Social Security Number

FOR OFFICE USE ONLY

The above applicant has applied for _____
 position with the Winneshiek Medical Center. Winneshiek Medical Center assures that this information will be held in strict confidence and will NOT be shared with the applicant.

Reference Name/Contact Person:
Title/Relationship to applicant:
Organization Name:
Address, City, State, Zip:
Position(s) held by applicant:
Date(s) of employment:

Would you recommend the applicant for the above position? Yes No

Is this individual eligible for re-hire with your organization? Yes No

Please complete the following by rating the applicant in each category:

SIGNATURE

Standards	Far Exceeds	Exceeds	Meets	Below	N/A
Job Knowledge					
Quality of Work					
Quantity of Work					
Management/Supervisory Skills					
Interpersonal/Communication Skills					
Attendance/Dependability					

Comments:

_____ Reference Signature: Date