



St. Nicholas Hospital

Application for Employment

Please print and complete all information

Date _____

Position(s) applied for _____

- Full-time Part-time Float (RN) Temporary Casual
 Shift(s) you are able to work Day Evening Night Rotating

Personal Data

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone _____ Cell Phone _____

Email _____

Are you over 18 years of age? Yes No

If you have been employed by names other than the above, please list _____

Have you ever been employed by or volunteered at St. Nicholas Hospital?

- No Yes Employee Volunteer

If yes, when? _____

Under what last name? _____

How did you hear of our opening? _____

Names of relatives now in our employ _____

Have you ever been convicted of, or pleaded guilty to, a crime? If yes, describe in detail. (A criminal conviction is not an automatic bar from employment).

- No Yes _____ Dates _____

Educational Background

Schooling Level		Course of Study	Degree Obtained	Did you graduate?
Grade School	Name Address Telephone/Fax	 	 	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School	Name Address Telephone/Fax	 	 	<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	Name Address Telephone/Fax			<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____
Professional, vocational, technical, business	Name Address Telephone/Fax			<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____
Other	Name Address Telephone/Fax			<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____

List any special skills you may have (school honor, clerical, secretarial, etc.) _____

St. Nicholas Hospital is an equal opportunity employer functioning under an Affirmative Action Plan and does not discriminate on the basis of age, race, national origin, disability, marital status, veteran or military discharge status, or any other protected basis.

HR26 3/06

3100 Superior Avenue ♦ Sheboygan, WI 53081 ♦ An Affiliate of Hospital Sisters Health System ♦ 920/459-8300 ♦ www.stnicholashospital.org

Work History

List your work experience beginning with your most recent position

Company name	From Mo. Yr.	Job title
Street address	To Mo. Yr.	Job duties
City, state, and telephone	Full-time ____ Part-time ____	
Supervisor	Starting salary Ending salary	
	Reason for leaving	
Company name	From Mo. Yr.	Job title
Street address	To Mo. Yr.	Job duties
City, state, and telephone	Full-time ____ Part-time ____	
Supervisor	Starting salary Ending salary	
	Reason for leaving	
Company name	From Mo. Yr.	Job title
Street address	To Mo. Yr.	Job duties
City, state, and telephone	Full-time ____ Part-time ____	
Supervisor	Starting salary Ending salary	
	Reason for leaving	
Company name	From Mo. Yr.	Job title
Street address	To Mo. Yr.	Job duties
City, state, and telephone	Full-time ____ Part-time ____	
Supervisor	Starting salary Ending salary	
	Reason for leaving	

May we contact your present and past employers? Yes No If no, why _____

Name _____ Position _____

References Please List two work-related supervisory references.

Name _____

Title _____

Company _____

Telephone/Fax/Email _____

Name _____

Title _____

Company _____

Telephone/Fax/Email _____

Professional Registration/Licensure <i>(please attach copies)</i>			
Type	State	Registration No.	Expiration Date

Should an offer of employment be extended to me, I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility, and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete a drug screening and criminal background check as a condition of employment. I also understand that the facility may have a no-smoking policy and I agree to comply with its requirements. I understand and acknowledge that my employment is 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 Chief Executive Officer 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 result in termination of employment regardless of when discovered. I hereby authorize the employer 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 _____ Date _____

For Hospital Use Only	
Employment date _____	Department _____
Job title _____	
Full-time ___ Part-time ___ Temporary ___ Casual ___	Salary _____
Shift _____	Hours _____
Comments _____	
Human Resources _____	Date _____