



# Application For Employment

English Interpreter services provided at no cost.  
 Spanish/Espanol Servicios de interpretación gratis para todos.  
 Albanian/Shqip Të japin përktyt pa pages.

We welcome the opportunity to consider you for employment. It is our policy to seek, employ, and assign the best qualified personnel in all positions at Stoughton Hospital. This is done without discrimination based on any characteristic protected by law. No question on this application is intended to secure information to be used for such discrimination.

Full Name: _____		
Last	First	Middle
Present Address: _____		
Street	Phone: _____	
City	State	Zip
Date of Application: _____		Social Security Number: _____
Position Applied For: _____	Date Available: _____	Desired Rate of Pay: _____
Have you ever applied at or worked for Stoughton Hospital before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate department & dates and under what name (if different): _____		
If under age 18, please state your age: _____	Will accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. of days/hrs. per week? _____	
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check hours available and circle shifts most preferred <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Any	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your current work telephone number? _____	
How were you referred to us? _____	Please list any relatives employed by Stoughton Hospital: _____	
<b>For positions requiring driving only:</b>		
Do you have a valid Wisconsin Driver's license?	<input type="checkbox"/> Yes, Lic. No. _____	<input type="checkbox"/> No
Do you have proof of auto insurance?	<input type="checkbox"/> Yes, Company Name _____	<input type="checkbox"/> No
Have you had any moving violations or accidents in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>General Information</b>		
If hired, will you be able to work during the days and hours required for the position(s) for which you're applying? If not, please explain: _____		
Have you ever been disciplined, fired or suspended from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		
Have you ever been convicted of, or are you currently charged with, a felony, misdemeanor or municipal ordinance violation? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction record will not necessarily bar a person from employment; Stoughton Hospital complies with the Wisconsin Fair Employment Act's restrictions on conviction record discrimination). If yes, please explain: _____		

**Employment History** -(List current/most recent employer first; and last five years and most relevant work experience. Please do not substitute resume in lieu of completing this section.)

1	Employer:	Dates of Employment	From: To:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
	Location:	Your Title:		
	Beginning Salary:	Ending Salary:	Name & Title of Supervisor:	Work Phone:
	Description of duties:			
	Reason for Leaving:			

2	Employer:	Dates of Employment	From: To:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
	Location:	Your Title:		
	Beginning Salary:	Ending Salary:	Name & Title of Supervisor:	Work Phone:
	Description of duties:			
	Reason for Leaving:			

3	Employer:	Dates of Employment	From: To:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
	Location:	Your Title:		
	Beginning Salary:	Ending Salary:	Name & Title of Supervisor:	Work Phone:
	Description of duties:			
	Reason for Leaving:			

4	Employer:	Dates of Employment	From: To:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
	Location:	Your Title:		
	Beginning Salary:	Ending Salary:	Name & Title of Supervisor:	Work Phone:
	Description of duties:			
	Reason for Leaving:			

<b>United States Military Information</b>			
Dates of Service From:		To:	Branch of Service:

<b>Educational Background</b>				
	High School/GED	College/University	Prof./Tech. School	Graduate School
School Name				
Location				
Years Completed (Circle)	9    10    11    12	1    2    3    4	1    2    3    4	1    2    3    4
Diploma/Degree/ Certificate Received				
Major	N/A for High School			
Minor	N/A for High School			
Job Related Courses				

Current Professional License/Registration Number: \_\_\_\_\_

Other specialized training or educational qualifications: \_\_\_\_\_

Achievements, activities, awards: \_\_\_\_\_

Have you ever supervised the work of others: If so, how many and kind of work? \_\_\_\_\_

**For Clerical Positions Only**

**Check those areas in which you are proficient:**

- Microsoft Office Suite     Typing (WPM) \_\_\_\_\_
- Microsoft Word             Dictation/Transcription
- Microsoft Excel             10-Key Punch
- Microsoft Access          Shorthand
- Microsoft PowerPoint
- Other Software: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**For Clinical Positions Only**

**Check credentials that apply:**

- Credentials
- CPR                             CCRN
- ACLS                          Vent Experience
- PALS                         Other(s): \_\_\_\_\_
- ENPC                        \_\_\_\_\_
- TNCC                        \_\_\_\_\_

<b>References - (Please list three professional references of those who have supervised your work.)</b>				
	Name	Address	Telephone	Relationship
1				
2				
3				

May we contact your current employer for a reference?       Yes, If yes, list phone: \_\_\_\_\_       No

Is any additional information about change of name, use of assumed name, or nickname necessary to check on your work/school record? If so, indicate name here:

I hereby authorize Stoughton Hospital to contact any schools, former places of employment and/or persons who may aid the hospital in determining my suitability for employment. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information.

If employed, I agree to conform to the rules and policies of Stoughton Hospital. I understand and agree that I am an employee at-will and that my employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Hospital or myself. I also understand and agree the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Stoughton Hospital. I agree that Stoughton Hospital has the right to exercise, modify, amend, suspend, or terminate benefit programs it provides for employees or retirees including changes to employee or retiree contributions and benefit levels from time to time. Additionally, if employed I understand I must comply with the Immigration Reform and Control Act of 1986.

I certify that the above information is correct and any false statements or omissions could be considered cause for immediate dismissal. I understand that any offer of employment made by the Hospital shall be contingent upon satisfactory references, a background and driving record check (for applicable positions) and results of a medical examination, which may include a drug screen. Upon termination, I authorize release of reference information.

**Date** \_\_\_\_\_      **Signature** \_\_\_\_\_

*Stoughton Hospital is an Equal Opportunity Employer*