



Business		From	To	1	2	3	4		
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(List in order, last or present employer first.)

EMPLOYER	<b>DATES</b> From To	Job Title
ADDRESS		Reason For Leaving
CITY STATE	<b>RATE OF PAY</b> Start Final	Work Performed
PHONE		
SUPERVISOR	May we Contact ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER	<b>DATES</b> From To	Job Title
ADDRESS		Reason For Leaving
CITY STATE	<b>RATE OF PAY</b> Start Final	Work Performed
PHONE		
SUPERVISOR	May we Contact ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER	<b>DATES</b> From To	Job Title
ADDRESS		Reason For Leaving
CITY STATE	<b>RATE OF PAY</b> Start Final	Work Performed
PHONE		
SUPERVISOR	May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

HAVE YOU EVER BEEN DISCHARGED FROM A JOB OR BEEN ASKED TO RESIGN? Yes  No

REFERENCES:

NAME \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

NAME \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

NAME \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

DO YOU HAVE ANY EXPERIENCE IN OTHER FIELDS THAN WHAT YOU HAVE APPLIED FOR?

- Medical Secretary     Switchboard     Maintenance     Word Processor     Lab Assistant     Respiratory Therapy  
 Nurse Assistant     Receptionist     Food Service     PC     X Ray     Medical Terminology  
 Insurance/Billing     Credit/Collection     Dictaphone     Transcription     Medical Assistant     Other

PROFESSIONAL LICENSES AND CERTIFICATES:

TYPE	STATE	ISSUED	DATE	NUMBER

Have you ever been convicted of a felony, CIVILIAN OR MILITARY? Yes No If yes, give dates and explanation. (Your answer will not necessarily bar you from employment.) Factors such as age, time of the offense, seriousness and nature of the violation, and subsequent rehabilitation, will be considered by the employer.

Do you understand that due to the nature of the service we provide, an exceptional record of attendance, promptness, and expendability is required of all employees? Yes  No

Do you understand that employment is contingent upon passing a Health Screening Examination, and satisfactory education, prior employment, and reference certification? Yes  No

I certify that the information I have provided is true and complete, and I understand that any misrepresentation or omission of fact is cause for the rejection of my application and my immediate discharge from employment. In making this application for employment, I understand that an investigative consumer report may be made, whereby information may be obtained through personal interviews with friends, neighbors, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have a right to make a written request within a reasonable time to receive additional, detailed information about the nature and scope of this investigative

consumer report. In the event of work injury, the Hospital has my consent for such medical treatment or procedures as its staff and employees may deem necessary in emergency situations in an emergency unit. In the event I am photographed during the course of my employment, the Hospital has my permission to use any and all photos for various Hospital relations' purposes. I have read and understand the above statement.

Signature: \_\_\_\_\_

To Whom It May Concern:

I authorize Dodge County Hospital to contact my former employers and all other sources they see fit in order to verify the facts and information furnished with regard to my character and qualifications. I hereby release such employer or persons from any and all liability whatever nature on account of furnishing such information. I realize that I will not view or be informed of any portion of you reply.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date