



90 Oak Street Prairie du Sac, WI 53578

Employment Application

Website: www.saukprairiehealthcare.org
 Phone: (608) 643-7169
 Fax: (608) 643-7275
 TDD: (608) 643-7186

Please Print All Information

Position(s) applied for in order of preference.

1. _____ 2. _____ 3. _____

Have you applied at SPH before? Yes No

Personal Data:

Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip _____

Email Address: _____

Telephone: _____ Alternate Telephone: _____

Are you at least 18 years of age? Yes No

Have you been employed at SPH before? Yes No If yes, from: _____ to: _____

Does an immediate family member or a person with whom you have a significant personal relationship work here? Yes No
 SPH policy prohibits direct or indirect supervision of an employee by a person with such a relationship.

Do you have the legal right to work and remain in the United States? Yes No
 (Employment eligibility verification is required if hired)

Have you ever been convicted of a crime other than minor traffic violations? Yes No
 If yes, please describe and indicate date(s). (A conviction record will not necessarily disqualify you from employment consideration. A background check is required prior to employment.)

Availability: Check all that apply.

- Full Time (36-40 hours per week)
- Part Time (20-35 hours per week)
- Supplemental (1-19 hours per week)
- Per Diem (no regular scheduled hours)
- 8-Hour Day Shift (7:00 am-3:00 pm)
- 8- Hour P.M. Shift (3:00 pm – 11:00 pm)
- 8-Hour Night Shift (11:00 pm-7:00 am)
- 12-Hour Day Shift (7:00 am -7:00 pm)
- 12- Hour Night Shift (7:00 pm -7:00 am)
- Weekends

Are you able to rotate shifts? Yes No

Hospital employees occasionally work more than 8 hours per day and most positions work some holidays. Are you able to meet this requirement?
 Yes No

Education:

	NAME OF SCHOOL	ADDRESS, CITY, STATE	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL				1 2 3 4		
COLLEGE/ UNIVERSITY				1 2 3 4		
TECHNICAL/ BUSINESS				1 2 3 4		
GRADUATE				1 2 3 4		
OTHER				1 2 3 4		

List your experience with computers and other office equipment: _____

Please list any additional experiences, skills and qualifications which relate to the job for which you are applying: _____

Date

Name

Professional Licenses, Accreditations, and/or Certification: List professional licenses, certifications, or registrations below.

License (Title): _____ Expiration Date: _____

License (Title): _____ Expiration Date: _____

BLS Certification: Yes No

ACLS Certification: Yes No

Work History: List all current and prior employment. A resume is not a substitute for completing this section.

CURRENT OR MOST RECENT EMPLOYER	Company Name			Dates of Employment		
				From:	To:	
	Street Address		City	State	Zip	Phone
	Title		Last Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor's Name	
Reason for Leaving		May we contact for a reference?		Your Name Then (if different)		

PREVIOUS EMPLOYER	Company Name			Dates of Employment		
				From:	To:	
	Street Address		City	State	Zip	Phone
	Title		Last Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor's Name	
Reason for Leaving		May we contact for a reference?		Your Name Then (if different)		

PREVIOUS EMPLOYER	Company Name			Dates of Employment		
				From:	To:	
	Street Address		City	State	Zip	Phone
	Title		Last Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor's Name	
Reason for Leaving		May we contact for a reference?		Your Name Then (if different)		

PREVIOUS EMPLOYER	Company Name			Dates of Employment		
				From:	To:	
	Street Address		City	State	Zip	Phone
	Title		Last Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor's Name	
Reason for Leaving		May we contact for a reference?		Your Name Then (if different)		

Professional References: (Examples: Current and former supervisors, professional colleagues, professors. Do not list relatives or friends.)

NAME	ADDRESS	PHONE	OCCUPATION

Non-Discrimination

It is the policy of Sauk Prairie Healthcare to consider all applicants for employment without regard to age, race, color, creed, religion, disability, marital status, gender, sexual orientation, national origin, ancestry, arrest record, conviction record, veteran's status, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States or Wisconsin, or any other unlawful basis.

Service Excellence Standards

I understand that I am responsible for knowing and adhering to the following standards.

SERVICE

Introduce yourself and describe what you will be doing and why.
Ask "What else can I do for you? I have time."
Actively seek solutions
Find a way to say "Yes" if possible; if the answer is "No", explain why.
Make others feel special.
Create an exception experience for everyone- every time.

COMMUNICATION

Smile! Make eye contact.
Be an active, attentive and engaged listener.
Say please and thank you in all communications.
Sincerely apologize when you should.
Be gracious and make time for people.
Assume others mean well.

ACCOUNTABILITY

Know what is expected of you in the workplace and work hard to achieve it.
Assume there is something you can do; take ownership.
Report safety, confidentiality or other work concerns promptly.
Be open to hearing constructive feedback.

PROFESSIONALISM

It is a privilege to serve our customers – demonstrate an "I want to be here" attitude.
Present a positive image of Sauk Prairie Healthcare to our customers through professional appearance and behavior – on and off the job.
Wear your identification badge above the waist and visible to others.

RESPECT

Remember: every person counts.
Learn how to agree to disagree.
Avoid criticizing, condemning or complaining.
Treat each person like we treat our patients; with courtesy, respect and dignity.

TEAMWORK

Support and promote the work of other employees and departments.
Ensure efficient, timely delivery of quality care and services.
Be flexible in your work schedule/assignments.
Actively participate on your team; be engaged.
Assume everyone is trying their best.
Help others without being asked.

Applicant's Consent & Authorization

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made in this application.

I am applying for employment with Sauk Prairie Healthcare (SPH). I hereby authorize and release from liability any and all persons (including any and all employers with whom I have been employed, schools that I have attended and organizations with which I have been connected) to release any and all information they have about me to Sauk Prairie Healthcare. This includes all of my personnel records with prior employers and any information about my performance during my employment with them and also includes all of my transcripts from any schools that I have attended. I hereby release all persons, companies, schools, and organizations (and all persons connected with them) who provide such information to Sauk Prairie Healthcare from any and all liability for any damage for giving this information.

This Authorization shall remain in effect for a period of one (1) year from the date which I sign it. A photocopy of this authorization may be used by Sauk Prairie Healthcare and shall be effective as the original.

I understand that if any of the information I have provided is false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then Sauk Prairie Healthcare may deny me employment or terminate my employment, and I agree that Sauk Prairie Healthcare shall not be liable in any respect if it does so.

I also understand that my employment at Sauk Prairie Healthcare is contingent upon the satisfactory completion of a medical examination which may include drug and alcohol screens, an investigation of my work record and references, and a caregiver background check. I consent to a pre-employment medical examination and such future examinations as may be required by Sauk Prairie Healthcare, which may include drug and alcohol screens as required.

I understand that if I am employed by Sauk Prairie Healthcare, any such employment is not binding on either party for any specific period of time. I further understand that no representative of Sauk Prairie Healthcare, other than the Chief Executive Officer, has the authority to enter into any agreement of employment for any specified period of time. Any such agreement must be in writing and signed by the CEO. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager, or director of Sauk Prairie Healthcare is invalid and should not be relied upon. I understand that if employed I will be an employee-at-will and that either Sauk Prairie Healthcare or I may terminate that employment relationship at any time, for any reason, with or without notice.

Applicant's Name: (please print) _____

Applicant's Signature: _____ **Date:** _____

If your education, employment or military records are under a name other than the name above, please indicate below:

How Did You Hear About Us?

- Monster.com
- JobsInMadison.com
- Sauk Prairie Healthcare Website
- Career Fair (if so, which) _____
- Newspaper (if so which) _____
- Professional Journal/Magazine (if so, which): _____
- SPH Employee (employee name): _____
- Other: _____

Sauk Prairie Healthcare is an Equal Opportunity Employer



Information provided will be used for administrative purposes only.

Sex: Male Female

Race/Ethnicity: Hispanic or Latino White (Not Hispanic or Latino) Black or African American
 Native Hawaiian or Other Pacific Islander Asian American Indian or Alaska Native
 Two or More Races

Veteran Status: Non-Veteran Vietnam Era Veteran Disabled Veteran Other Eligible Veterans

Disability Status: Disabled Non-Disabled