



COLUMBUS COMMUNITY HOSPITAL, INC.
 1515 Park Avenue, Columbus, WI 53925 (920) 623-2200
 EMPLOYMENT APPLICATION
 An Equal Opportunity Employer

Position Applied For _____ Today's Date _____

Name _____

Last First Middle

Address _____

Street City State Zip

Phone # _____ Social Security # _____

At what other address or phone number could you be contacted?

Address _____ Phone _____

If you have been employed at this hospital in the past, indicate your period of employment and position title:

From _____ To _____ Position Title _____

Have you filed an application with Columbus Community Hospital before?

____ No ____ Yes, Date _____

AVAILABILITY: When are you available to work, check all that apply.

- | | | |
|-------------------------------------|------------------------|----------------------|
| ____ Student, age if under 18: ____ | ____ PRN (as required) | ____ Weekends |
| ____ Part Time (20-36 hrs) | ____ Days | ____ Rotating Shifts |
| ____ Part Time (less than 20 hrs) | ____ P.M. Shift | ____ Other _____ |
| ____ Full Time | ____ Night Shift | _____ |

EDUCATION

	Name of School	Address (City & State)	Course of Study	Number of Years Completed	Degree Received
High School				1 2 3 4	
Tech/Business				1 2 3 4	
College				1 2 3 4	
Graduate				1 2 3 4	
Other				1 2 3 4	

Please list any special skills/training you have that may relate to the position.

Typing: ____w.p.m. Medical Transcribing: Yes____No____ Medical Coding: Yes____No____

PROFESSIONAL LICENSES, ACCREDITATION AND/OR CERTIFICATION

PRESENT AND PAST EMPLOYERS (beginning with your most recent):

Company Name _____ Employed From _____ To _____

Address _____
Street City State Zip Phone Number

Position _____ Salary (per hour) _____

Responsibilities/duties _____

Name of Supervisor _____ Reason for Leaving _____

May We Contact for a Reference? Yes No

Company Name _____ Employed From _____ To _____

Address _____
Street City State Zip Phone Number

Position _____ Salary (per hour) _____

Responsibilities/duties _____

Name of Supervisor _____ Reason for Leaving _____

May We Contact for a Reference? Yes No

Company Name _____ Employed From _____ To _____

Address _____
Street City State Zip Phone Number

Position _____ Salary (per hour) _____

Responsibilities/duties _____

Name of Supervisor _____ Reason for Leaving _____

May We Contact for a Reference? Yes No

Do you have any restrictions on the days of the week or hours you can work? Yes ___ No ___
If Yes, please explain what the restrictions are.

**Have you ever been convicted of a crime other than a minor traffic offense? Yes ___ No ___
If Yes, please describe and indicate dates.

**Conviction will not be considered in the employment decision unless it substantially relates to the position applied for.

Do you have a legal right to work in the United States: Yes_____ No_____

How were you referred to our Hospital?

Advertisement: _____ Employee _____
Publication Name

School: _____ Other _____
Name Specify

PROFESSIONAL REFERENCES

Name	Address	Phone	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

RELEASE AND CONSENT

I voluntarily give Columbus Community Hospital, Inc. the right to make a through investigation of information given by me on this application form. I understand that information pertaining to past employment may include but is not limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs except in the event of malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts known are untrue.

I consent to take the physical examination upon offer of employment and any future relevant physical exams as required if employed. If employed, I will adhere to the rules and regulations of the hospital as stated in their policies and procedures.

I certify that the information supplied herein is true and complete, and I understand that any misrepresentation or omission of relevant information may disqualify me from employment now or may result in my discharge from the Hospital.

I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months.

It is hereby understood and acknowledged that any employment relationship with this organization is of an "at will" nature which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

Signature of Applicant

Date

Columbus Community Hospital fully supports the concepts of equal employment opportunity and will continue to do so. It is our policy to effect all personnel transactions, including, but not limited to recruitment and employment, promotion, demotion, transfer, compensation, and selection for training without discrimination and to ensure equal treatment of employees regardless of sex, sexual orientation, race, religion, color, national origin or ancestry, age, disability, marital status, source of income, arrest record or conviction record, membership in the national guard, state defense force or any reserve component of the military forces of the United States or State of Wisconsin, or any other unlawful basis.

