



SAUK PRAIRIE MEMORIAL  
HOSPITAL & CLINICS  
80 First Street Prairie du Sac, WI 53578

## Employment Application

Website: www.spmh.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 SPMHC before?  Yes  No

**Personal Data:**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_ Are you at least 18 years of age?  Yes  No

Have you been employed at SPMHC 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  
SPMHC 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: \_\_\_\_\_

CPR 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 Memorial Hospital & Clinics 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.

**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 Memorial Hospital & Clinics. 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 Memorial Hospital & Clinics. 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 Memorial Hospital & Clinics 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 Memorial Hospital & Clinics 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 Memorial Hospital & Clinics may deny me employment or terminate my employment, and I agree that Sauk Prairie Memorial Hospital & Clinics shall not be liable in any respect if it does so.

**I also understand that my employment at Sauk Prairie Memorial Hospital & Clinics 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 Memorial Hospital & Clinics, which may include drug and alcohol screens as required.**

I understand that if I am employed by Sauk Prairie Memorial Hospital & Clinics, any such employment is not binding on either party for any specific period of time. I further understand that no representative of Sauk Prairie Memorial Hospital & Clinics, 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 Memorial Hospital & Clinics 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 Memorial Hospital & Clinics 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?**

- Internet site - (if so, which) \_\_\_\_\_
- Job Fair (if so, which) \_\_\_\_\_
- Newspaper – Wisconsin State Journal
- Newspaper – Sauk Prairie Eagle/Shopper
- Newspaper – Other (if so, which) \_\_\_\_\_
- Professional Journal/Magazine (if so, which) \_\_\_\_\_
- Other \_\_\_\_\_
- Radio (if so, which station) \_\_\_\_\_
- SPMHC Employee (employee name) \_\_\_\_\_
- SPMHC Job Posting
- SPMHC Website
- Television (if so, which station) \_\_\_\_\_
- University/College Posting (if so, which) \_\_\_\_\_

Sauk Prairie Memorial Hospital & Clinics is an Equal Opportunity Employer



SAUK PRAIRIE MEMORIAL  
HOSPITAL & CLINICS

*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