



LAKESHORE
community health care

Employment Application

Lakeshore Community Health Care wants to process your employment application promptly and effectively. Please apply only for positions that are presently posted. Failure to apply to a specific position may disqualify you from further consideration.

Last Name

First Name

1. _____
Position(s) Applied for

2. _____
Position(s) Applied for

It is the policy of Lakeshore Community Health Care not to discriminate against any employee or any applicant for employment because of age, race, religion, color, handicap, sex, physical condition, veteran status, developmental disability, sexual orientation, or national origin. This policy shall include, but not be limited to, the following: recruitment and employment, promotion, demotion, transfer, compensation, selection for training including apprenticeship, layoff and termination.

Lakeshore Community Health Care
PO Box 959
Sheboygan, WI 53082-0959

Phone: 920-783-6633
Fax: 920-783-6392
Email: kmccue@lakeshorechc.org

Personal Information: (Please Print or Type)					
Last Name:		First Name:		Middle Initial:	Today's Date:
Mailing Address:					
Street Address:				City:	
State:	Zip:	Primary Phone Number: ()		Secondary Phone Number: ()	
Email address:				Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Desired Salary Range:		Emergency Contact: (name, telephone number, relationship)			
Desired Work Schedule		Availability		Desired Work Location(s)	
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Days		<input type="checkbox"/> Medical <input type="checkbox"/> Sheboygan	
<input type="checkbox"/> Part-Time		<input type="checkbox"/> Evenings		<input type="checkbox"/> Dental <input type="checkbox"/> Manitowoc	
<input type="checkbox"/> Per Diem/Occasional/Casual		<input type="checkbox"/> Weekends		<input type="checkbox"/> Administration	
Do you have any restrictions on days of the week or hours you can work? (If yes, please list days and times unavailable to work.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
How Did You Hear About Employment Openings at LCHC?					
<input type="checkbox"/> Advertisement _____		<input type="checkbox"/> LCHC Employee _____		<input type="checkbox"/> JOBNET/Job Center _____	
Publication _____		Name _____		_____	
<input type="checkbox"/> Internet _____		<input type="checkbox"/> Friend/Relative _____		<input type="checkbox"/> Other _____	
Site _____		Name _____		Specify _____	
Some positions at LCHC cannot be held by individuals with particular criminal convictions, so we must ask whether you have ever been convicted of a felony. Background checks will be conducted if you are offered a position. Please list convictions on that form. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever filed an application with LCHC before? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____					
Have you ever been employed by LCHC? (If yes, please indicate dates and position held below). <input type="checkbox"/> Yes <input type="checkbox"/> No				Location: _____	
Have you ever served in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list branch of service, service dates, training & or education:					
Branch of Service:		Service Dates:		Training/Education:	
Education:	Name of School	Location (City & State)	Course of Study	Graduated Yes No	Degree Earned
High School					
College, University or Technical School					
Other relevant training:					
Current Professional Licenses/Certifications you hold:		State:	Registration #:	If not in WI, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Professional Licenses/Certifications you hold:		State:	Registration #:	If not in WI, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisory / Professional References – No Personal References					
Name and Occupation		Company / Relationship		Telephone Number & Email Address	
				() Email:	
				() Email:	
				() Email:	

Please attach additional sheets, if necessary.

Work Experience (list present or most recent position first) – **PLEASE DO NOT USE STATEMENT “SEE RESUME”**

Company Name:		Exact Title of Your Position:	
Address:		City:	State:
Phone Number: ()	Supervisor – Name & Title:		Dates Employed
Reason for Leaving:	Name under which you worked if different from that shown on front page:		From: Mo./Yr
			To: Mo./Yr
Description of Duties:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Wage/Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____
Company Name:		Exact Title of Your Position:	
Address:		City:	State:
Phone Number: ()	Supervisor – Name & Title:		Dates Employed
Reason for Leaving:	Name under which you worked if different from that shown on front page:		From: Mo./Yr
			To: Mo./Yr
Description of Duties:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Wage/Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____
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			Wage/Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____
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Address:		City:	State:
Phone Number: ()	Supervisor – Name & Title:		Dates Employed
Reason for Leaving:	Name under which you worked if different from that shown on front page:		From: Mo./Yr
			To: Mo./Yr
Description of Duties:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Wage/Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____
Comments (Including explanation of any gaps in employment)			

PLEASE READ THE PARAGRAPHS BELOW CAREFULLY BEFORE SIGNING

If you have any questions regarding this statement, please discuss with a LCHC Human Resources Representative before signing.

I certify that my answers to the questions in this employment application are true to the best of my knowledge and am aware that misrepresentation or omission of facts called for on this form is cause for rejection of my application or immediate discharge from the organization's service. I voluntarily give **Lakeshore Community Health Care** the right to make a thorough investigation of my past employment, agree to cooperate in such investigation and release from all liability of responsibility all persons, companies, or corporations supplying such information.

I understand that this application for employment shall be considered active for a period of time not to exceed 90 days.

It is hereby understood and acknowledged that, unless otherwise defined by applicable law, or as otherwise provided for in an applicable contractual agreement, an 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

If employed, I agree to work the hours, days, and shifts as scheduled and consent to take any pre-placement examination and such future physical examinations as may be required by Lakeshore Community Health Care.

I understand an electronic signature will be treated the same as a handwritten one.

Applicant Name (Print)

Applicant Signature

Date



LAKESHORE

community health care

Comprehensive Background Investigation for Employment Purposes

Name: _____
Last First MI

Other Names: _____
(Aliases, nicknames, maiden)

Gender M F Race: _____
(American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White)

Date of Birth: ____/____/____ Social Security #: ____-____-____

Have you ever been convicted of **any** law violation (other than minor traffic violations) or do you have any pending charges against you?
(This includes any ordinance violation, misdemeanor and/or felony).

Yes No

If YES, please give the nature and date of each conviction (attach additional sheets if necessary):

- | | |
|----------------------------------|---------------|
| 1) _____
Nature of Conviction | _____
Date |
| 2) _____
Nature of Conviction | _____
Date |
| 3) _____
Nature of Conviction | _____
Date |

In connection with my application for employment, I understand that an investigative report will be conducted by Lakeshore Community Health Care that will include information as to my criminal record, sex offender status, SSN authenticity, driver's license authenticity, and work references (e.g., character, work habits and performance, along with dates, title, duties, and reasons for termination of past employment). I understand that as directed by policy and consistent with the described, additional information from public and private sources about my motor vehicle driving records, civil court records, education, credentials, and credit may be reviewed. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or source that provided the information. I acknowledge that a facsimile (FAX) or photographic copy of this form shall be as valid as the original. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, or reference contacted by Lakeshore Community Health Care or its agent, to furnish the information described above. I hereby release Lakeshore Community Health Care and their agents and all persons, agencies, and entities providing information or reports about me from any and all liabilities arising out of the request for or release of the above mentioned information or reports. The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Date of birth information will only be used to obtain the required information.

I pledge that the data supplied above is true and accurate.

Signature of Applicant

Date