



Appleton
Area Health

Employment Application

Appleton Area Health (AAH) is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment based upon an individual's race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, age, or other characteristics protected by law. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. If you need an accommodation to participate in the application process, please contact Human Resources at (320) 289-8507.

Personal Information (please print)

Last Name: _____ First: _____ Middle: _____

Other Known Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Position Desired: _____

Are you seeking: Full-time Part-time Casual Temporary: ____ (# of months available)

Shift Desired: Days Evenings After School Nights

Date available: Immediately Upon ____ Week(s) Notice Other: _____

Days available: Mon Tues Wed Thurs Fri Sat Sun

Have you been employed with AAH before? Yes No

If yes, when: _____ If yes, what was your title? _____

How did you hear about this position? _____

Are you at least 16 years of age? Yes No

(Hire is subject to verification that you are of minimum legal age)

Have you ever been convicted of any crime other than a minor misdemeanor? Yes No

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30 South Behl Street | Appleton, MN 56208
Phone - 320.289.1580
www.appletonareahealth.com



Equal
Opportunity
Employer



Appleton Area Health

Education (please print)

High School: _____ Did you graduate? Yes No

Course of Study: _____ Last year completed: 9 10 11 12

Address of High School: _____

Technical School: _____ Did you graduate? Yes No

Course of Study: _____ Last year completed: 1 2

Address of School: _____ Diploma or Degree: _____

College or University: _____ Did you graduate? Yes No

Course of Study: _____ Last year completed: 1 2 3 4

Address of School: _____ Diploma or Degree: _____

Graduate School: _____ Did you graduate? Yes No

Course of Study: _____ Last year completed: 1 2 3 4

Address of School: _____ Diploma or Degree: _____

Job Requirements / Specifications (please print)

Professional Applicants – States Licensed/Registered In and Number: _____

Office and Clerical Applicants – Office/Software Skills & Usage: _____

References (please print) Please list three references other than past supervisors or family members:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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Employment History (please print)

Most Recent Employer: _____

Phone: _____ City: _____ State: _____

Position/Title: _____ Name of Supervisor: _____

Job Duties: _____

Status: Full-time Part-time Casual **Employment Dates:** From _____ To _____

May we contact this employer? Yes No **Reason for Leaving:** _____

Previous Employer: _____

Phone: _____ City: _____ State: _____

Position/Title: _____ Name of Supervisor: _____

Job Duties: _____

Status: Full-time Part-time Casual **Employment Dates:** From _____ To _____

May we contact this employer? Yes No **Reason for Leaving:** _____

Previous Employer: _____

Phone: _____ City: _____ State: _____

Position/Title: _____ Name of Supervisor: _____

Job Duties: _____

Status: Full-time Part-time Casual **Employment Dates:** From _____ To _____

May we contact this employer? Yes No **Reason for Leaving:** _____

Previous Employer: _____

Phone: _____ City: _____ State: _____

Position/Title: _____ Name of Supervisor: _____

Job Duties: _____

Status: Full-time Part-time Casual **Employment Dates:** From _____ To _____

May we contact this employer? Yes No **Reason for Leaving:** _____

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Other Information (please print) Please list volunteer, unpaid work experience, and any other additional information which may relate to the position for which you are applying. Please do not include religious, ethnic, or political group affiliations.

Type of Volunteer Activity/Organization: _____

Length of Volunteer Service: _____

Please read and sign this acknowledgement to complete application for employment:

I understand and agree that any offer of employment is contingent on completing and passing a physical examination based on the physical demands of the job for which I am applying.

I authorize investigation of all statements contained in this application and understand that misinformation or omission of information not given on my employment application form and during the physical examination is sufficient cause for discharge if I am employed.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks I might receive, is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing and signed by an authorized representative of the company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason and the company retains a similar right regarding the discontinuation of my employment.

I understand that a criminal background check will be performed, education credits and previous employment history will be verified prior to employment; signing this application is authorization to do so.

Signature of Employee/Applicant Date

Each employee is expected to follow ...

The Values that make us SHINE!

Service - our actions speak louder than words

Honesty - demonstrated by what we say and do

Integrity - know and do what is right

Nurturing - trusted and compassionate care

Empowering - promote positivity and teamwork

I have read and understand the Values that make us SHINE. If employed at Appleton Area Health, I agree to comply with and practice the values as outlined. Non-compliance of any of these values will result in disciplinary action per AAH policies up to and including termination.

Signature of Employee/Applicant Date

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Background Check through NETStudy 2.0 (please print)

I have been informed that Appleton Area Health is required by the Minnesota Department of Human Services to conduct a background study on all individuals employed by Appleton Area Health. If I am offered a job, I understand that I must clear this background check before I can start my employment. If I am found to have a disqualifying characteristic, AAH will be told that I am disqualified, but will not be told what the disqualifying reason is. If I wish to submit a request for reconsideration of a disqualification, I must do so within 15 days of receiving the notice of disqualification. If I do not request a reconsideration within the 15 days, or if the disqualification is not set aside after reconsideration, I may be discharged from my position.

Your privacy rights are outlined in a separate notice entitled, "Background Study Privacy Notice" (dated 07/05/2012). It is available from the agency who is initiating this study to you, or by calling 651.296.3971 (voice) or 651.282.6832 (TTY).

Items marked with an asterisk () are optional.*

Last Name: _____ First: _____ Middle: _____

Other First Names: _____ Other Last Names: _____

Date of Birth (mm/dd/yyyy): _____ SS #*: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone*: _____

Race: _____ Place of Birth: _____

Height*: _____ Weight*: _____ Hair Color*: _____ Eye Color*: _____

Email: _____ Gender: Male Female

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Have you lived outside of MN in the last 5 years? Yes No

If yes, where? _____

I authorize Appleton Area Health to conduct a background check and understand that I may need to obtain fingerprints as a part of this process.

Signature: _____ Date: _____

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