

Applying instructions using Internet Explorer:

Upon completing this application, please submit via email. To do this, save the file by clicking on “File” “Save as...” and saving it under “yourname-application.pdf”. Then attach it to an email (including your resume if you wish) and send it to kclatt@tchcc.com.

Applying instructions using Google Chrome or Other Browser:

Click the download icon in the upper left of the window. Browse to where you downloaded the application named TCHCC-Employment-Application.pdf on your computer. Open the file and complete the application. Upon completing this application, please submit via email. To do this, save the file by clicking on “File” “Save as...” and saving it under “yourname-application.pdf”. Then attach it to an email (including your resume if you wish) and send it to kclatt@tchcc.com.

You may also upon completion print a hard copy and feel free to hand deliver or mail the application to:

Director of Human Resources
Trempealeau County Health Care Center
W20298 State Road 121
Whitehall, WI 54773

Trempealeau County Health Care Center

Employment Application

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Or, print a hard copy and feel free to hand deliver or mail the application to:

Director of Human Resources
Trempealeau County Health Care Center
W20298 State Road 121
Whitehall, WI 54773

Applicant Name:	Date:
Position Desired:	Referral Source:

Trempealeau County Health Care Center believes potential employees should know the following information:

- It is the policy of the Health Care Center to provide equal employment opportunities to all persons qualified for employment and to all employees without regard to the person's race, color, sex, creed, religion, national origin, marital status, status with regard to public assistance, disability or age, as well as equal employment opportunities to veterans and handicapped persons.
- Any offer of employment is contingent upon the applicant's ability to provide documentation which proves his/her employment eligibility status under the Immigration and Reform Act of 1986.
- Anyone being considered for employment MUST complete and sign the application.

Applicant Information

Name (First, Middle, Last)	Social Security Number			Date
Present Address	City	State	Zip	Phone
Permanent Address	City	State	Zip	Phone
Position Applying for	Date Available (Month/Day/Year)			Salary Expected
Applying for (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Days <input type="checkbox"/> P.M. Shift <input type="checkbox"/> Nights			What time of day is best to reach you?	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony or crime or are you involved in a pending felony or criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give all relevant details concerning each conviction or pending charge; only a charge or conviction which is substantially job-related will be considered.				

Education- Please provide the following information regarding your educational background. Be sure to include any continuing education courses or seminars in which you have participated that have enhanced your professional career. If you require additional space, please attach a separate sheet.

Name and address of school	Major/ Course of Study	Check last year completed	Did you graduate?	Type of Diploma or Degree
High School		<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> 2		
		<input type="checkbox"/> 3		
		<input type="checkbox"/> 4		
College of University		<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> 2		
		<input type="checkbox"/> 3		
		<input type="checkbox"/> 4		
Other		<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> 2		
		<input type="checkbox"/> 3		
		<input type="checkbox"/> 4		
Military	Dates of service	Branch	Special Skills, Training	

Employment History- Please list your previous employers, beginning with the most recent. You may attach a resume to provide more detailed information, but be sure to complete all questions on the application.

Are you providing a resume? Yes No

Most recent/ current employer		Position		
Address	City	State	Zip	Phone
Dates of Employment (Mo/Yr) From: To:		Starting position	Ending position	
			Ending pay (hourly)	
May we contact your present employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Immediate Supervisor Name		Reason for leaving- if discharged or asked to resign, please explain:		
Describe your duties and responsibilities:				

Previous employer		Position			
Address	City	State	Zip	Phone	
Dates of Employment (Mo/Yr) From: To:		Starting position	Ending position		Ending pay (hourly)
Immediate Supervisor Name		Reason for leaving- if discharged or asked to resign, please explain:			
Describe your duties and responsibilities:					

Previous employer		Position			
Address	City	State	Zip	Phone	
Dates of Employment (Mo/Yr) From: To:		Starting position	Ending position		Ending pay (hourly)
Immediate Supervisor Name		Reason for leaving- if discharged or asked to resign, please explain:			
Describe your duties and responsibilities:					

<p>Please provide any experience you have in managing or supervising people.</p>
<p>Please outline any experience you have in any facet of the health care industry.</p>
<p>Please list any special skills or qualifications you have that enhance your professional abilities and will be of special benefit in the job for which you are applying (i.e., fluent in a foreign language, community services, teaching, etc.).</p>
<p>Does this application adequately reflect the scope of your professional experience? If not, please use the following space or provide an attachment to make this application complete.</p>

Do you know of any reason you cannot perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Please describe any accommodation required.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer, other than the Executive Director, has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and previous employers, conduct a criminal record check, and to secure additional information about me if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that it is my responsibility to keep the information in this application current. Applications more than 6 months old may not be considered for current openings.

Signature: (please type your name)

Date:

Applicant Data Survey

Trempealeau County Health Care Center is committed to non-discrimination in employment. To assist in this effort, we ask your voluntary cooperation in responding to the questions below. The data collected will be used for statistical and affirmative action purposes only. Responses will not be used in evaluating your application.

Position Applying for: CNA PCW RN/LPN Food Service

Other: _____

I do I do not wish to provide the following information.

1. **Are you:**

Male Female

2. **Ethnicity:**

Are you Hispanic or Latino (A person of Mexico, Puerto Rico, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race)?

Yes No

3. **Race:** (not Hispanic or Latino)

- African American/Black: A person having origins in any of the black racial groups of Africa.

- American Indian/Alaska Native: A person having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Philippine Islands, and Vietnam.

- Native Hawaiian or Other Pacific Islander: A person having origins in any of peoples of Hawaii, Guam, Samoa or other Pacific Islands.

- White/Caucasian: A person having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.

- A person who identifies with more than one of the five faces listed above. If you select this option, please indicate a primary race: _____