



MARSHFIELD MEDICAL CENTER CREDIT UNION

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you seek to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our members and contributing to the financial success of the organization, its members, and its employees. Equal access to programs, services, and employment is available to all qualified people. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print neatly.

Form with fields: Position(s) Applied for, Date of Application, Print Name (Last, First, & Middle), Street Address, City, State, Zip Code, Main Phone Number, Alternate Phone Number, Email.

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No
If yes, please explain

Empty text box for explaining termination or resignation.

Please explain any gaps in your employment history:

Empty text box for explaining employment gaps.

Please list any other experience, job-related skills, additional languages, or other qualifications that should be considered when evaluating your qualifications for employment.

Empty text box for listing other qualifications.

A. GENERAL INFORMATION

1. Have you ever worked for this company before?..... Yes No
 - a. If yes, please give dates and position: _____
2. Do you have friends and/or relatives working for this company?..... Yes No
 - a. If yes, please provide the name(s) and relationship(s) _____
3. On what date are you available to begin work? _____
4. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday

5. Are you available to work? Full-time Part-time Shift Work Temporary
6. If hired, can you present evidence of your identity and legal right to work in this country? Yes No

IF YOU ARE SUBMITTING A FORMAL RESUME, PLEASE SKIP TO SECTION D ON PAGE 4

B. EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order, with the present or most recent employer listed first. Be sure to account for all periods of time. Add an additional page if necessary.

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
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Job Title and Duties	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

c. EDUCATION

Please describe your educational background below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major
High School				
Post Secondary Education				

Please describe any specialized training, skills or extracurricular activities from your education that may be relevant to this position.

D. Applicant Statement and Agreement

Please read and initial each paragraph below. If you need help understanding anything, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers, and all other persons, corporations, partnerships, and associations from all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause or notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I certify that my answers are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL THE ABOVE TERMS.

Signature: _____

Name (print): _____ **Date:** _____