



KROHN CLINIC, LTD.

610 W. Adams St.
Black River Falls, WI 54615-9110
(715) 284-4311

APPLICATION FOR EMPLOYMENT

Krohn Clinic is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, handicap, disability, citizenship status or any other basis prohibited by law. In addition, equal access to programs, services and employment is available to all persons. The following is required in order to help us make the best possible placement within Krohn Clinic. All portions of this application pertaining to you must be completed.

PLEASE PRINT

Today's Date _____

Position for which you are applying: _____

Salary expected: \$ _____ Per _____ Full Time Part Time Temporary

Other positions for which you would like to be considered: _____

Hours available for working: From _____ to _____

Name	(Last)	(First)	(Middle)	Social Security No
Address	(Street)			Daytime Telephone No
	(City)	(State)	(Zip)	Evening Telephone No

Are you a U.S. Citizen or an alien legally entitled to work in the position(s) for which you have applied? _____ Yes _____ No

Are you 18 years of age or older? _____ Yes _____ No

How were you referred to us? _____

If your application is considered favorably, what is your earliest possible availability to begin work?: _____

Have you ever been convicted of or pled guilty to a felony?(Conviction or plea will not necessarily disqualify applicant from employment.) _____ Yes _____ No

If Yes, please explain: _____

EDUCATIONAL DATA

Schools Attended	Name of School and Location	Did you graduate?		GPA	Degree/ Diploma/ Certificate?	Major Course of Study
		Yes	No			
High School	Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12					
Technical Vocational Business or Military Training						
College or University						
Graduate School						
Professional Seminars Courses, Workshops or Other						

EMPLOYMENT EXPERIENCE

Start with your **present** or **last job**. Include military service assignments and volunteer activities.

1	Employer	<u>Dates Employed</u> From To		Work Performed
	Address			
	Job Title	<u>Hourly Rate/Salary</u> Starting Final		
	Supervisor	If presently employed, may we contact employer? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Reason for leaving or desiring to leave			
2	Employer	<u>Dates Employed</u> From To		Work Performed
	Address			
	Job Title	<u>Hourly Rate/Salary</u> Starting Final		
	Supervisor			
	Reason for leaving or desiring to leave			

Employment Experience, Continued

NAME _____

Employer	<u>Dates Employed</u> From To		Work Performed
Address			
Job Title	<u>Hourly Rate/Salary</u> Starting Final		
Supervisor			

Reason for leaving or desiring to leave _____

Employer	<u>Dates Employed</u> From To		Work Performed
Address			
Job Title	<u>Hourly Rate/Salary</u> Starting Final		
Supervisor			

Reason for leaving or desiring to leave _____

POSITION _____

Other JOB-RELATED experiences: _____

REFERENCES

Give name, address and telephone of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

CLERICAL AND SECRETARIAL APPLICANTS ONLY

One (X) for knowledge

Two (XX) for experience

- | | | | |
|---------------------------|-------------------|---------------------------|--------------|
| _____ Data Entry | _____ C.R.T. | _____ Typing | _____ W.P.M. |
| _____ Calculating Machine | _____ Switchboard | _____ Dictating Equipment | |

Programs/Other: _____

DATE _____ / _____ / _____

LIST PROFESSIONAL LICENSES/CERTIFICATIONS

_____	_____
_____	_____
_____	_____

APPLICANT'S STATEMENT

Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by *placing your initials* beside each paragraph.

___ I certify that this application was completed by me and that all entries in it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge

___ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references, past employers, and other sources. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry

___ I hereby release all parties, including but not limited to Krohn Clinic, personal references, and previous employers from any and all liability for any injury or damage that may result from their furnishing information to Krohn Clinic concerning me or any action Krohn Clinic takes on the basis of such information

___ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Krohn Clinic is contingent upon my ability to produce the required documentation within the time period required by law.

___ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Krohn Clinic, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Krohn Clinic material do not create any guarantee of employment and that Krohn Clinic has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and the requirements imposed by law.

_____ Date

_____ Signature of Applicant

ADDITIONAL INFORMATION: _____

FOR OFFICE USE ONLY	
Position Title: _____	Date Employed: _____
Wage: Hourly _____ Salary: _____	Grade: _____
Department: _____	Review Date: _____
Recommended by: _____	Range: _____ Mid: _____
Supervisor: _____	Approved by: _____
Manager: _____ Date: _____	Personnel: _____ Date: _____