

Last Name:	First Name:	MI
Position Applied For: Seasonal Flu Nurse	Reference #: XTRA10028	

SEASONAL FLU NURSE EMPLOYMENT APPLICATION



Home Health United
Human Resources Department
 2802 Walton Commons West Madison WI 53718
 Phone: 1-608-241-7261
 Fax: 1-866-553-0710
www.HomeHealthUnited.org

APPLICATION FOR SEASONAL EMPLOYMENT

People helping people make choices that achieve their optimal independence and quality of life.

Please complete all Sections- Do Not indicate “See Resume”

NAME:			CONTACT INFORMATION:	
(LAST NAME)	(FIRST NAME)	(M.I)	Home:	
			Work:	
			Cell:	
			E-mail:	
ADDRESS				
(STREET/BOX #)		(CITY)	(STATE)	(ZIP)
TITLE OF THE POSITION APPLYING FOR: FLU CLINIC RN		DATE AVAILABLE:	Are you a former HHU Flu Nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AVAILABLE TO WORK (CHECK ALL APPLICABLE)				
AVAILABILITY:		<input type="checkbox"/> Mornings	What is the <u>Minimum</u> Number of	
<input type="checkbox"/> Full Time Seasonal		<input type="checkbox"/> Afternoons	Hours You are Available to Work Per	
<input type="checkbox"/> Part Time Seasonal		<input type="checkbox"/> Evenings	Week:	
		<input type="checkbox"/> Weekends		PER WEEK
AREAS WILLING TO WORK IN: (CIRCLE ALL THAT APPLY)			HOW WERE YOU REFERRED TO US FOR EMPLOYMENT?	
<u>Northern WI</u>	<u>Eastern WI</u>	<u>South Central WI</u>	<u>Western WI</u>	NEWSPAPER AD <input type="checkbox"/>
Mauston	Milwaukee	Madison / Surrounding Areas	Richland Center	HHU WEBSITE <input type="checkbox"/>
Tomah	Waukesha	Sauk	Prairie du Chien	INTERNET <input type="checkbox"/>
Stevens Point	Fond du Lac	Portage	Platteville	HHU EMPLOYEE <input type="checkbox"/>
Wausau	Appleton	Baraboo	Lancaster	FRIEND/PATIENT <input type="checkbox"/>
Eau Claire	Oshkosh	Wisconsin Dells	Viroqua	WALK-IN <input type="checkbox"/>
Hayward	Green Bay	Reedsburg	La Crosse	
<p>Have you ever been convicted of or plead guilty to a felony, misdemeanor or other crime (not including minor traffic violations?) _____No _____Yes If yes, please describe on a separate sheet of paper the circumstances surrounding the conviction, including dates and law enforcement agency involved.</p> <p>A conviction record does not necessarily disqualify you from employment consideration, but will be evaluated as it relates to the job you are applying for.</p>				
<p>Are you authorized to lawfully obtain employment in the United States? (circle one) Yes No (proof of eligibility to work will be required at time of hire)</p>				
<p>HOME HEALTH UNITED IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE ON THE BASIS OF HANDICAP, VETERANS STATUS, RACE, COLOR, CREED, RELIGION, NATIONAL ORIGIN, OR ANCESTRY, AGE, SEX OR OTHER BASIS PROHIBITED BY APPLICABLE LOCAL, STATE OR FEDERAL FAIR EMPLOYMENT LAWS.</p>				

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Please complete all Sections- Do Not indicate “See Resume”

EDUCATION						
	NAME AND LOCATION OF SCHOOL	DATE FROM TO	COURSE OF STUDY	GRADUATE YES NO	DEGREE	DATE
HIGH SCHOOL/GED						
COLLEGE		MO YR MO YR				
GRADUATE SCHOOL		MO YR MO YR				

PROFESSIONAL LICENSURE		
RN License No:	State of Wisconsin	License Expiration Date: ___/___/___

DRIVER’S INFORMATION			
Do you have a valid Wisconsin Driver’s License? (circle one)	YES	Lic.#:	NO
Do you have a good driver’s record? (circle one)	YES		NO
Do you have proof of current auto insurance? (circle one)	YES		NO
Do you have access to a motor vehicle in good working condition? (circle one)	YES		NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? (CIRCLE ONE)			YES	NO
Company Name:	Job Title:	Job Duties:		
Address:	From: To:			
City, State, Zip Code	Final Salary:	Reason for Leaving:		
Supervisor:	Telephone:			
Company Name:	Job Title:	Job Duties:		
Address:	From: To:			
City, State, Zip Code	Final Salary:	Reason for Leaving:		
Supervisor:	Telephone:			
Company Name:	Job Title:	Job Duties:		
Address:	From: To:			
City, State, Zip Code	Final Salary:	Reason for Leaving:		
Supervisor:	Telephone:			

Company Name:	Job Title:	Job Duties:
Address:	From: To:	
City, State, Zip Code	Final Salary:	Reason for Leaving:
Supervisor:	Telephone:	
Company Name:	Job Title:	Job Duties:
Address:	From: To:	
City, State, Zip Code	Final Salary:	Reason for Leaving:
Supervisor:	Telephone:	

PLEASE PROVIDE 3 WORK-RELATED REFERENCES:					
Name (Last, First)	Address	City, State Zip Code	Phone Number with Area Code	Occupation	Years known

I certify that all information in this application or any resume or other document accompanying it, is accurate and complete. I understand that misrepresentation or material omission of facts is grounds for my removal from consideration for employment, or if already employed, dismissal after employment. I authorize Home Health United to verify or otherwise investigate, without liability, all statements contained in this application or otherwise submitted to me and hereby release any person, corporation or other organization from any and all liability providing such information. I understand that this application is not nor is it intended to be a contract of employment, and that if hired, my employment is considered at will.

Signature

Date

NOTICE TO INDIVIDUALS COMPLETING THIS APPLICATION:

The law requires that all health care organizations complete caregiver background checks. This includes checks with the Department of Justice, Department of Health and Family Services, Department of Regulation and Licensing and a fingerprinting process, if applicable.

Upon hire, employees may be required to participate in a new hire drug/alcohol screening which will occur on a random basis during employment at Home Health United.

Individuals applying for positions requiring the use of an automobile for Company business are hired contingent upon a satisfactory Motor Vehicle Record. Those found to have unacceptable driving records will be terminated immediately.