

# Milwaukee Health Services, Inc.

## Employment Application

We are an Equal Opportunity Employer

Human Resource Office

Corporate Office

8200 W Silver Spring DR, Milwaukee, WI 53218

2555 N MLK DR, Milwaukee, WI 53212

<b>Applicant Information</b> (Please print in ink. You must complete entire application.)			
Name (first, middle, last)		Date	
Address		Day Telephone ( )	
City	State	Zip Code	Evening Telephone ( )
Are there other names under which you have worked or attended school? If yes, please list for reference checking purposes. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime or pleaded "no contest" for any offense or violation other than minor traffic violations? (A "Yes", please explain. A conviction does not automatically disqualify you from employment. The nature and date of the offense is considered as it relates to the job for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____		Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____	
Do you have any relatives employed at this company (if yes, please list name(s) and relationship(s))? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any relatives serving on the Board of Directors' (see page 5), at this company (if yes, please list name(s) and relationship(s))? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Desired Position	Part-Time or Full-Time	Salary Desired	Shift
When can you start?			
How were you referred to the company? <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> School <input type="checkbox"/> Agency _____ <input type="checkbox"/> Other			
<b>Special Skills</b>			
1. If relevant, please describe word processing speed, software knowledge, and office equipment experience. _____ _____			
2. If relevant, please describe experience (ie, using manufacturing machines and equipment). _____ _____			

## Education

School	Name and Location (city, state)	No. Years Attended	Major subjects	Diploma or Degree Rec'd	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:	
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:	

## Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

## Required License(s)

If required to drive a motor vehicle for the job applying for, state your:

1) Driver's license number: \_\_\_\_\_ 2) State issued: \_\_\_\_\_

Are you licensed with any group, association or society relating to the job for which you are applying?

Yes    No   If yes, please list \_\_\_\_\_

Registration or License Number	State Issued	Expiration Date

## Foreign Language Abilities

Foreign Language(s) Spoken: \_\_\_\_\_

Fluency:      Spoken \_\_\_\_\_      Written \_\_\_\_\_

**Employment History (start with most recent; use separate sheet if necessary)**

Name of Employer		Telephone (    )		
Address		City	State	Zip Code
Job Title		Employment Dates (month and year)		
Name of Immediate Supervisor		From:	To:	
Description of Duties				
Salary – start	Salary – End	Reason for Leaving		
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Employer		Telephone (    )		
Address		City	State	Zip Code
Job Title		Employment Dates (month and year)		
Name of Immediate Supervisor		From:	To:	
Description of Duties				
Salary – start	Salary – End	Reason for Leaving		
Name of Employer		Telephone (    )		
Address		City	State	Zip Code
Job Title		Employment Dates (month and year)		
Name of Immediate Supervisor		From:	To:	
Description of Duties				
Salary – start	Salary – End	Reason for Leaving		
Name of Employer		Telephone (    )		
Address		City	State	Zip Code
Job Title		Employment Dates (month and year)		
Name of Immediate Supervisor		From:	To:	
Description of Duties				
Salary – start	Salary – End	Reason for Leaving		
Name of Employer		Telephone (    )		
Address		City	State	Zip Code
Job Title		Employment Dates (month and year)		
Name of Immediate Supervisor		From:	To:	
Description of Duties				
Salary – start	Salary – End	Reason for Leaving		

## Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name		Day Telephone (    )	
		Evening Telephone (    )	
Address	City	State	Zip Code
Relationship:		How long known?	
Name		Day Telephone (    )	
		Evening Telephone (    )	
Address	City	State	Zip Code
Relationship:		How long known?	
Name		Day Telephone (    )	
		Evening Telephone (    )	
Address	City	State	Zip Code
Relationship:		How long known?	

## Emergency Contact

Name			
Address	City	State	Zip Code
Telephone (    )			

## Other Information

Please list any other information you feel would help us in considering you for a position with Milwaukee Health Services, Inc.

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## Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that a criminal background check will be conducted and I authorize such action. I also understand that upon receiving a job offer, a pre-employment drug screening and possibly a physical examination will be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

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Signed by Applicant

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Date

***The President/CEO and the Board of Directors thank you for your interest in Milwaukee Health Services, Inc.***

***Dr. Tito Izard, President/CEO***

***Rosemary Holley, Board of Directors***

***Thomas Terry, Board Vice Chairman***

***Senator Spencer Coggs, Board Chairman***

***Karen Baker, Board Secretary***

***Betty Russ-Banks, Board Treasurer***

***Dr. Richard Evans, Board of Directors***

***Atty. Emery Harlan, Board of Directors***

***Errol Barnett, Board of Directors***

***Gina Green-Harris, Board of Directors***

***Paula Lucey, Board of Directors***

***We are an Equal Opportunity Employer***

# Release Authorization

Applicant Complete the Following:

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Company policy and consistent with the job described you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
2. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. Minnesota, Oklahoma and California applicants only: If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contact by Milwaukee Health Services Inc. or its agent, to furnish the information described in Section 1.
6. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Milwaukee Health Services Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of .004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex:  Male  Female

Race:  Asian  Black  Hispanic  White  Other

Driver License Number State Issuing License

Name as it appears on License

Signature Today's Date

If required, notarize here.

When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires