

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

Applicant Information (Please print in ink. You must complete entire application.)			
Name (first, middle, last)		Social Security #	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 If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.			
Have you ever been convicted of a crime or pleaded "no contest" for any offense or violation other than minor traffic violations? (A "Yes" answer 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 If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. _____			
Do you have any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued. _____			
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			
Special Skills			
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	Date
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		

Other Information

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

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.

Signed by Applicant

Date

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

Dr. Tito Izard, Interim 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

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