



WHF mission statement:

"Enriching lives through progressive benefits, compassionate care, and exceptional service"

Employment Application Form

DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long have you resided at your present address? _____ Phone number (____) _____ Alternate Phone Number (____) _____
 Email address: _____

Are you at least 18 years of age? Yes No

Did you complete this application yourself? Yes No If not, who did? _____

Have you ever worked for Wisconsin Health Fund in the past? Yes No If yes, when? _____
 Reason employment ended with WHF: _____

Position applied for (1) _____
 (2) _____

Salary/Wage Desired _____

How did you hear about the position? (Check one)

- Name of Website _____
- Name of Newspaper _____
- Employee Referral (Name of WHF Employee) _____
- Walk -in
- Other _____

Date available to start? ____ / ____ / ____

Days/Hours available to work

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Can you work nights? Yes No

Employment type desired:

- FULL-TIME ONLY
- PART-TIME ONLY
- FULL- OR PART-TIME
- Temporary
- On-call

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

No

Yes

A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), date(s) of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

OFFICE WORK ONLY

Typing Yes No _____ WPM

10-key Yes No

Word Processing Yes No _____ WPM

Personal Computer Yes No PC Mac

Other _____
Skills _____

Please list two professional references other than relatives or friends.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Relationship to you _____

Relationship to you _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address _____ _____ _____ *Please circle one Phone number (____) _____ Full-time OR Part-time	_____ _____ _____	From ____/____ Month/Year To ____/____ Month/Year	Start _____ Final _____
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title _____		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address _____ _____ _____ *Please circle one Phone number (____) _____ Full-time OR Part-time	_____ _____ _____	From ____/____ Month/Year To ____/____ Month/Year	Start _____ Final _____
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title _____		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address _____ _____ _____	_____ _____ _____	From ____/____ Month/Year To ____/____ Month/Year	Start _____ Final _____

Phone number (____) _____ <i>*Please circle one</i> Full-time OR Part-time	Month/Year
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title
Reason for leaving (be specific)	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____	
Work experience Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.	

Name of employer _____	Name of last supervisor _____	Employment dates From ____/____/____ Month/Year To ____/____/____ Month/Year	Pay or salary Start _____ Final _____
Address _____ _____			
Phone number (____) _____ <i>*Please circle one</i> Full-time OR Part-time			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			

Name of employer _____	Name of last supervisor _____	Employment dates From ____/____/____ Month/Year To ____/____/____ Month/Year	Pay or salary Start _____ Final _____
Address _____ _____			
Phone number (____) _____ <i>*Please circle one</i> Full-time OR Part-time			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			

Name of employer _____	Name of last supervisor _____	Employment dates From ____/____/____ Month/Year	Pay or salary Start _____
Address _____ _____			

_____ <i>*Please circle one</i> Phone number (____) _____ Full-time OR Part-time		To _____ / _____ Month/Year	Final _____
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May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title
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Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Please Read Carefully

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Wisconsin Health Fund (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that continued employment may be based on the successful passing of job-related physical examinations, depending on position.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be introductory for a period of ninety (90) days, and further that at any time during the introductory period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company adheres to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other authorities.

All agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name _____	First Name _____	Middle Name _____	
Social Security Number ____-____-____	Applicant's Signature X _____		
Former Names and time frames (if applicable) _____			
Current Address	City/State	Zip & County	Dates(Month and Year)
Previous addresses	City/State	Zip & County	Dates(Month and Year)