



Appleton Area  
Health Services

# Employment Application

Updated December 27, 2013



General Information (please print)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Known Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ SS #: \_\_\_\_\_

**Are you at least 16 years of age?** Yes No

(Hire is subject to verification that you are of minimum legal age)

**Position Desired:** \_\_\_\_\_ **Shift Desired:** \_\_\_\_\_

**Are you seeking:** Full-time Casual Part-time Temporary: \_\_\_\_\_ (# of months available)

**Date available:** Immediately Upon \_\_\_\_\_ Week(s) Notice Other: \_\_\_\_\_

**Days available:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Have you been employed with AAHS before?** Yes No

If yes, when: \_\_\_\_\_ If yes, what was your title? \_\_\_\_\_

**How did you hear about this position?** \_\_\_\_\_



**Education** \_\_\_\_\_

**High School:** \_\_\_\_\_ Did you graduate? Yes No

Course of Study: \_\_\_\_\_ Last year completed: 9 '10 '11 '12

Address of High School: \_\_\_\_\_

**Diploma or Technical School:** \_\_\_\_\_ Did you graduate? Yes No

Course of Study: \_\_\_\_\_ Last year completed: 1 '2 '3 '4

Address of School: \_\_\_\_\_ Diploma or Degree: \_\_\_\_\_

**College or University:** \_\_\_\_\_ Did you graduate? Yes No

Course of Study: \_\_\_\_\_ Last year completed: 1 '2 '3 '4

Address of School: \_\_\_\_\_ Diploma or Degree: \_\_\_\_\_

**Graduate School:** \_\_\_\_\_ Did you graduate? Yes No

Course of Study: \_\_\_\_\_ Last year completed: 1 '2 '3 '4

Address of School: \_\_\_\_\_ Diploma or Degree: \_\_\_\_\_

**States Registered/Licensed in and Registration/License Number  
(professional applicants only):** \_\_\_\_\_

**Office Skills (clerical applicants only):** \_\_\_\_\_



*Employment History - Please include your most current and/or most recent position first; include military experience with may relate to the position for which you are applying.*

**Employer #1:** \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**Were you:** Full-time Part-time Casual **Salary:** Start \_\_\_\_\_ End \_\_\_\_\_

**Employment Dates:** From \_\_\_\_\_ To \_\_\_\_\_ **May we contact this employer?** Yes No

**Reason for Leaving:** \_\_\_\_\_

**Employer #2:** \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**Were you:** Full-time Part-time Casual **Salary:** Start \_\_\_\_\_ End \_\_\_\_\_

**Employment Dates:** From \_\_\_\_\_ To \_\_\_\_\_ **May we contact this employer?** Yes No

**Reason for Leaving:** \_\_\_\_\_

**Employer #3:** \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**Were you:** Full-time Part-time Casual **Salary:** Start \_\_\_\_\_ End \_\_\_\_\_

**Employment Dates:** From \_\_\_\_\_ To \_\_\_\_\_ **May we contact this employer?** Yes No

**Reason for Leaving:** \_\_\_\_\_



**Employer #4:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Name of Supervisor:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

**Were you:** Full-time Part-time Casual **Salary:** Start \_\_\_\_\_ End \_\_\_\_\_

**Employment Dates:** From \_\_\_\_\_ To \_\_\_\_\_ **May we contact this employer?** Yes No

**Reason for Leaving:** \_\_\_\_\_

Other Information

Please list volunteer, unpaid work experience and any other additional information which may relate to the position for which you are applying. Please do not include religious, ethnic or political group affiliations.

**Type of Volunteer Activity:** \_\_\_\_\_

**Length of Volunteer Service:** \_\_\_\_\_

**Other:** \_\_\_\_\_

References

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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Privacy Notice

Your privacy rights are outlined in a separate notice entitled, "Background Study Privacy Notice: (dated 09/01/2003). It is available from the agency who is initiating this study to you, or by calling 651.296.3971 (voice) or 651.282.6832 (TTY).

Any part of the form that is unreadable, applications for the Minnesota Department of Human Services Background study will not be submitted. Items marked with an asterisk (\*) are optional. All other information is required. Please separate dual names with a space (ie: Mary Louise or Smith Johnson). Do not include titles (Dr, Sister, Father), educational (PhD, MD, etc.), generational (Jr, Sr, II, IV, etc.) or professional indicators (LICSW, LP, etc.).

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Known First Names: \_\_\_\_\_

Other Known Last Names: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SS #\*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_



Personal Reference \_\_\_\_\_

*I release my past employment information, background information and professional reference information to Appleton Area Health Services (AAHS).*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*If your records are under a different name, please indicate that name:*

\_\_\_\_\_

For Hospital Use Only

To: \_\_\_\_\_

Attn: \_\_\_\_\_

\_\_\_\_\_ is an applicant for employment as  
\_\_\_\_\_ with our hospital and has authorized the release of  
any information you may have in regard to his/her past employment record and character. All  
information will be held in strict confidence. Thank you for your assistance.

\_\_\_\_\_  
*Signature/Title of Human Resource Representative*



*I understand and agree that any offer of employment is contingent on completing and passing a physical examination based on the physical demands of the job for which I am applying.*

*I authorize investigation of all statements contained in this application and understand that misinformation or omission of information not given on my employment application form and during the physical examination is sufficient cause for discharge, if I am employed.*

*I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks I might receive, is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing and signed by an authorized representative of the company. If an employment relationship is established. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason and the company retains a similar right regarding the discontinuation of my employment.*

*I understand that a criminal background check will be performed, education credits and previous employment history will be verified prior to employment; signing this application is authorization to do so.*

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Signature

Date



## Standards of Behavior

All Appleton Area Health Services employees, volunteers, and physicians want to be remembered as providing the care and compassion we would want for ourselves and our family members. To make this vision a reality, our attitudes always reflect AAHS's Standards of Behavior. These standards were developed by a team of AAHS employees and are modeled by all our team members' every day.

We use the word "customer" to describe those individuals who depend on our expertise. Customers are our patients, their families, visitors, vendors, and co-workers. These standards define the behaviors our customers can expect from all AAHS employees.

### **As an employee of AAHS, I value *COMPASSION!* I will ...**

#### Demonstrate Courtesy

- Be approachable
- Introduce myself by name and job title
- Speak in a calm voice and listen attentively
- Be aware of my body language and facial expressions
- Offer comfort measures when appropriate
- Maintain a safe and welcoming environment
- Refrain from personal conversations in the presence of customers
- Treat others as I would like to be treated, both internal and external

#### Respond in a Timely Manner

- Ensure all call lights and phones are answered promptly - this is everyone's responsibility
- Resolve my customers' needs
- Contact the appropriate person for issues I cannot resolve personally
- We will acknowledge any wait time, thank the customer for waiting and apologize for delays

### **As an employee of AAHS, I value *INTEGRITY!* I will ...**

#### Be Accountable for My Actions

- Be honest and reliable
- Set a good example
- Speak positively about AAHS, my customers and co-workers
- Apologize for my mistakes and take corrective actions
- Comply with all applicable laws, regulations, and policies
- Be accountable for information discussed during staff meetings

### **As an employee of AAHS, I value *DIGNITY!* I will ...**

#### Protect Privacy

- Knock before entering patient rooms
- Use language and terminology that is easily understood
- Encourage questions and offer choices as appropriate
- Explain what I am about to do and why
- Ensure gowns and equipment are sized appropriately for patients
- Adhere to organizational policies and HIPAA requirements regarding privacy and confidentiality



### **Respect Diversity**

- Prohibit language that demeans anyone's heritage, race, creed, gender, age, disability, and/or sexual orientation
- Display tolerance, sensitivity and impartiality toward others' cultures and backgrounds
- Provide interpreters, amplification devices, closed caption television or the like as needed
- Inform patients and their families about our chaplaincy and pastoral service resources to meet their spiritual preferences

### **Communicate Clearly**

- Answer the phone with Appleton Area Health Services, my name and "how may I help you?"
- Use appropriate language at all times when you are speaking or sending e-mails. Never use profanity
- Address gossip and abusive language or behaviors in a professional manner
- Use the chain of command to resolve issues that cannot be resolved one-on-one
- Coach in private and commend in public
- Greet by name when possible

### **As an employee of AAHS, I value *EXCELLENCE!* I will ...**

#### **Exceed Customer Expectations**

- Welcome others to my area with eye contact, a smile and a friendly greeting
- Recognize our customers' sense of urgency and show them we value their time
- Inform customers about their plan of care and provide explanations for delays
- Listen attentively to customers and avoid interrupting them
- Apologize for problems or inconveniences and initiate actions to resolve them
- Treat each customer as if he or she is the most important person in our facility
- Escort customers who are unfamiliar with our facilities
- Thank customers for trusting AAHS to meet their needs

#### **Exhibit a Positive Attitude**

- Smile and make eye contact
- Be tolerant of each other and offer professional courtesy to team members
- Be honest and kind during all interactions
- Display a professional and positive attitude at all times
- Be friendly and helpful to co-workers
- Follow supervisors' direction
- Do the right thing – even when no one is watching
- Conduct yourself with compassion for everyone you come in contact with
- We believe in the power of humor and the ability to laugh at ourselves as a team
- Thank customers for choosing AAHS

#### **Maintain a Professional Appearance**

- Know and abide by department dress codes
- Wear my I.D. badge at all times (with my name and picture visible at eye level)
- Practice good personal hygiene
- Use positive body language and present yourself professionally (make eye contact, avoid slouching)
- Maintain the facilities appearance by keeping work area clean, picking up garbage, and returning equipment to where it belongs



**As an employee of AAHS, I value *TEAMWORK!* I will ...**

**Provide a Commitment to Others**

- Respect the ideas, opinions, expertise and diversity of my co-workers
- Assist co-workers who are struggling with their workloads
- Serve as a resource to other departments as needed
- Coordinate with others to facilitate timely, safe transitions for our customers
- Report on time, as scheduled and ready to begin work
- Exhibit a willingness to accept changes to assignments and/or schedules
- Humor is an integral part of the health process - we enjoy one another and our work

**Ensure Safety and Quality**

- Maintain a safe, clean work area and environment
- Tag and report hazardous equipment and conditions
- Demonstrate proper safety practices
- Provide a comfortable atmosphere for waiting customers

**Take Ownership and Pride in Appleton Area Health Services**

- Follow through with my commitments
- Find someone who can fulfill a request when I cannot
- Take action for spills, debris and/or necessary repairs
- Maintain our equipment and facilities
- Conserve resources
- Take ownership of my professional development
- **Take pride in Appleton Area Health Services and treat our facility as if I own it!**

***I have read and understand the Standards of Behavior. If employed at Appleton Area Health Services, I agree to comply with and practice the standards outlined. Non-compliance of any of these standards will result in disciplinary action per AAHS policies up to and including termination.***

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Signature of Employee/Applicant

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Date