



**SCRMC is a  
smoke-free  
facility.**

Human Resources  
235 State Street, St. Croix Falls, WI 54024

No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, sexual preference, religion, or status with regard to public assistance, disability, handicap, or conviction of a felony. Any applicant who provides un-requested information will be automatically rejected. Disabled applicants may request any needed accommodation in order to complete this application. Thank you for your interest in employment with our medical center.

<p><b>USE INK, PLEASE PRINT</b></p> <p>Positions Desired: _____</p> <p>Name: _____  <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> </p> <p>Address: _____ City/State/Zip: _____</p> <p>How long at present address: _____</p> <p>Phone: _____  <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Home</span> <span>Cell (optional)</span> <span>Work</span> </div> </p> <p>E-mail address (optional): _____</p> <p>Social Security Number _____</p> <p>Are you at least 15 years old? Yes <input type="radio"/> No <input type="radio"/></p>	<p style="text-align: center;">I'm Seeking</p> <p><input type="radio"/> Regular</p> <p><input type="radio"/> Temporary</p> <hr/> <p><input type="radio"/> RFT 36 Hrs + / week</p> <p><input type="radio"/> RPT 30-35 Hrs / week</p> <p><input type="radio"/> PT 20-29 Hrs / week</p> <p><input type="radio"/> Casual</p> <p><input type="radio"/> Pool</p>
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Military Service? Yes  No  Branch of Service: \_\_\_\_\_ Rank at Separation: \_\_\_\_\_

Describe Duties which relate to this position: \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No  (Answering Yes to this question does not constitute an automatic bar to employment. Surrounding circumstances will be considered, including age, date of conviction, Seriousness and nature of the crime.)

If yes, explain briefly: \_\_\_\_\_

Date available for employment \_\_\_\_\_ Hourly salary expected \$ \_\_\_\_\_

Shifts desired? **Clinic:** day  afternoon  evening  **Hospital:** day  evening  night

Who referred you to SCRMC? \_\_\_\_\_ (if newspaper, which one?)

Have you ever been employed by the clinic or hospital? No  Yes  Dates employed: \_\_\_\_\_

Position held: \_\_\_\_\_ Previous name, if any: \_\_\_\_\_

EDUCATION:	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Major
Graduate				<input type="radio"/> Yes <input type="radio"/> No	
College				<input type="radio"/> Yes <input type="radio"/> No	
Business/Trade/ Technical				<input type="radio"/> Yes <input type="radio"/> No	
Nursing School				<input type="radio"/> Yes <input type="radio"/> No	
High School				<input type="radio"/> Yes <input type="radio"/> No	
Other				<input type="radio"/> Yes <input type="radio"/> No	

EMPLOYMENT RECORD: List last three jobs with *most current listed first*.

*May we contact your present and past employers? Yes  No*

Name of company	1.	2.	3.
Phone Number			
City/State			
Supervisor's Name			
Your Job Title			
<b>Summary of  Job Duties  And Responsibilities</b>			
Dates of Employment	From:                      To:	From:                      To:	From:                      To:
Reason for Leaving			
Salary Information	Start:                      Leave:	Start:                      Leave:	Start:                      Leave:

**REFERENCES**

NAME	ADDRESS	BUSINESS & POSITION	PHONE

**TO BE COMPLETED FOR POSITIONS REQUIRING LICENSURE**

List Type of License/Certification	State	Expiration Date	Registration No.

**AUTHORIZATION.**

I certify that the information provided on this application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment may be terminated.

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. I also understand that SCRMC has the right to terminate my employment at any time and for any reason.

I authorize SCRMC and its representatives to make an investigation of my past employment and educational background. I authorize any past or present employer, and educational institution, to release information concerning my employment and educational background to SCRMC. I hereby release all persons, past and present employers, and educational institutions from any liability to me if they supply information to SCRMC as part of its investigation.

My signature reflects that I have read, understood and have agreed to these terms and conditions.

Date \_\_\_\_\_

Signature \_\_\_\_\_



235 State Street, St. Croix Falls, WI 54024

APPLICANT – complete this page

SKILL ASSESSMENT CHECKLIST							
✓	Description	✓	Description	✓	Description	✓	Description
	<b>CLERICAL</b>		<b>BOOKKEEPING</b>		<b>MEDICAL ASSISTING</b>		<b>HOSPITAL RN/LPN</b>
	Customer service skills		Customer service skills		Customer service skills		Customer service skills
	Windows 98/XP		Accounts Payable		Allergy tests		IV Insertion; central lines
	Microsoft Outlook		Accounts Receivable		Blood pressure		Oral & nasal suctioning
	Microsoft Publisher		Financial Statements		Catheterization – Adult		Transcribe MD orders
	PowerPoint		Billing		Catheterization – Pediatric		IV medications
	Excel		General Ledger		Cholesterol count		PCA
	Microsoft Word		Payroll		CBC		Insert/maintain N/G tube
	Customer Service Receptionist		Trial Balance		Miscellaneous Labs		Insert Foley Cath & Irrigate
	Answering telephone		<b>INSURANCE</b>		Draw blood		Chest tubes
	Scheduling		Medicare		EKG		Neurological checks
	Data Entry		Medicaid		EEG		Sterile dressing changes
	Typing (wpm: )		Private Carrier		Emergency Medical Training		Telemetry; read EKG strips
	Switchboard (No. of lines: )		Worker's Compensation		Injections		Sutures, staples, drains
			HMOs		Urinalysis		Blood administration
	<b>MEDICAL RECORDS</b>		ICD-9 Coding		Patient Charts		CPM machines
	Customer service skills		CPT Coding		Sedimentation rate		Basic computer skills
	Medical terminology		UB92 (837I)		Venipunctures		Advanced computer skills
	Medical records		HCFA 1500 (837P)		Immunizations		ACLS
	Transcription				Oximetry		CPR
					Nebulizer Treatments		Fetal monitor interpretation
					Flexible Sigmoidoscopy		NRP
					Colposcopy		TNCC
					Lumbar punctures		Triage
					CPR		
					Knowledge of referral process		
	<b>OFFICE EQUIPMENT</b>		<b>INFORMATION TECH.</b>		<b>CLINIC LPN</b> (Also ✓ MA skills above)		
	Calculator/10 Key		Customer service skills		IV Skills certification		
	Telephone		Computer training/exper.		Telephone Triage		
	Computer		MS Server 2000/2003				
	Copy Machine		Windows XP		<b>CLINIC RN</b> (Also ✓ MA skills above)		<b>NURSING ASSISTANT</b>
	Fax Machine		Troubleshooting Skills		IV Skills certification		Customer service skills
			Computer Hardware Knowledge		IV Insertion; central lines		Vital signs
			Organizational Skills		Oral & nasal suctioning		Bed bath
	<b>LEADERSHIP SKILLS</b>		Microsoft Application Skills		IV medications		Ambulation
	Customer service skills		Network troubleshooting		Insert Foley Cath & Irrigate		Orthopedic cares
	1-3 years management		Team player		Collect specimens		Basic computer skills
	Healthcare experience				Do neurological checks		
	Self motivated				Sterile dressing changes		
	Excellent writing skills				Lumbar punctures		
	Excellent verbal skills				Sutures, staples, drains		
	Organizational skills				Basic computer skills		
	Budgeting				ACLS		
	Interviewing Skills				CPR		
	Department Scheduling				Telephone triage		
					Anti-coagulation		





**IMPORTANT NOTICE TO ALL JOB CANDIDATES!**

It is our Mission to provide our customers with the highest level of Quality Patient Care. You have expressed an interest in becoming part of our Medical Center Team, and it is important that you understand that qualifications alone are not enough to meet our standards. You must be the type of person who cares about other people and you must be friendly, polite and accommodating. The "Code of Conduct" outlined below is our list of employee expectations. Please be sure to read each section thoroughly and check each expectation to indicate your commitment to abide by the prescribed behaviors. Only if you can agree to this Code will we begin the employment process.

Code of Conduct	Please Check
<p><b>1. Treat patients/guests/co-workers with dignity, respect and courtesy</b></p> <p><b>a) Greet all customers in a friendly and helpful manner</b></p> <ul style="list-style-type: none"> <li>● Address all patients and family members as Mr., Mrs., or Miss, unless otherwise requested</li> <li>● Introduce yourself, smile and be polite when assisting customers</li> <li>● Always use "Please, Thank You or How May I Help You", when engaging in conversation</li> </ul> <p><b>b) Use proper telephone etiquette</b></p> <ul style="list-style-type: none"> <li>● Respond to calls quickly</li> <li>● Communicate clearly and effectively with internal and external customers</li> <li>● Identify yourself by name and role when offering assistance</li> <li>● If you must place a caller on "Hold", do so for a minimal amount of time. If a delay is anticipated, get the appropriate information and call the person back</li> </ul>	<input type="checkbox"/>
<p><b>2. Respect each patient's privacy</b></p> <ul style="list-style-type: none"> <li>● Always knock before entering a room</li> <li>● Limit excess noise in patient areas</li> <li>● Maintain confidentiality - Never discuss patient matters and refrain from identifying patients by name in public areas</li> <li>● Respect diverse cultural and religious backgrounds of patients, visitors and staff</li> </ul>	<input type="checkbox"/>
<p><b>3. Anticipate customer needs and act promptly and effectively</b></p> <ul style="list-style-type: none"> <li>● Listen and explore customer concerns</li> <li>● Don't fail to provide assistance - Customer service is everyone's job!</li> </ul>	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>• If you are unable to answer a question, find someone who can</li> <li>• Follow through with commitments</li> <li>• Resolve complaints in a satisfactory manner</li> </ul>	
<p><b>4. Maintain a safe and secure environment for our patients</b></p> <ul style="list-style-type: none"> <li>• Be Alert - always report spills, hazardous situations or anything you think may be unusual in a medical center setting to your supervisor</li> <li>• Follow safety procedures when providing patient care</li> </ul>	<input type="checkbox"/>
<p><b>5. Make a good first impression</b></p> <ul style="list-style-type: none"> <li>• Dress in a manner which reflects your important role in the healthcare environment</li> <li>• If you are required to wear a uniform, be sure it is always clean and neat</li> <li>• Keep attire including accessories simple, safe and professional</li> <li>• Always wear your Medical Center ID badge - People need to know who you are!</li> </ul>	<input type="checkbox"/>
<p><b>6. Be committed to your role at the Medical Center</b></p> <ul style="list-style-type: none"> <li>• Report to work as scheduled</li> <li>• Be a team player</li> <li>• Be dedicated to customer relations and performance improvement</li> <li>• Remain positive and enthusiastic at all times</li> <li>• Go the "extra mile" to ensure that our customers experience positive outcomes</li> <li>• Treat customers the way you would like to be treated</li> </ul>	<input type="checkbox"/>

I have read and agree to uphold the standards outlined above and act as a "Customer Service Advocate" for St. Croix Regional Medical Center.

**Name:**

**Date:**   
(mm/dd/yyyy)

**I Agree!**

If hired, employee will be required to sign this form again in person for our records.