



# THE DIAGNOSTIC & TREATMENT CENTER

A Service of Marshfield Clinic and Ascension Wisconsin

Human Resources • 3401 Cranberry Boulevard, Weston, WI 54476 • hr-dssc@dxandtx.com • Phone 715.393.2002 • Fax 715.241.9475

## Employment Application

### Important message to all candidates for employment

The Diagnostic & Treatment Center recognizes that all persons are entitled to equal opportunities in its recruitment, placement, training, and compensation practices. It is the policy of the company to afford equal employment opportunities to all employees and applicants for employment without regard to age, color, marital status, national origin, race, religion, sex, sexual orientation, or any other characteristic protected by federal, state, or local law and to afford equal opportunities to disabled veterans, veterans of the Vietnam Era, and individuals with disabilities that do not interfere with the person's ability to perform the essential functions of the position.

<b>PERSONAL</b>	Date	Name (first, middle, last)		
	Address	City	State	ZIP
	Primary telephone number	Alternative telephone number		
	Email address	Desired wage or salary		
	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently authorized to legally work in the U.S. on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <input type="checkbox"/> Per hour <input type="checkbox"/> Per year	

<b>EMPLOYMENT INTERESTS</b>	Position of interest	
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary	
	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Call <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
	Can you travel if the position requires? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>How were you made aware of the position for which you are applying?</b>	
	<input type="checkbox"/> Job Center of Wisconsin	<input type="checkbox"/> Indeed <input type="checkbox"/> CareerBuilder
	<input type="checkbox"/> DTC webpage	<input type="checkbox"/> Other internet source Name _____
	<input type="checkbox"/> Printed publication Name _____	<input type="checkbox"/> School posting Name _____
<input type="checkbox"/> Employee referral	<input type="checkbox"/> Other Source _____	

**AN EQUAL OPPORTUNITY EMPLOYER**

**GENERAL INFORMATION**

Have you ever been employed with The Diagnostic & Treatment Center, either as a regular or temporary employee?  Yes  No

Were you ever a student or have you ever done a clinical rotation at The Diagnostic & Treatment Center?  Yes  No

Have you ever been employed by Marshfield Clinic?  Yes  No  
 If yes, dates of employment and department(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been employed by Ascension Wisconsin?  Yes  No  
 If yes, dates of employment and department(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any current noncompete agreements or other agreements that might affect your ability to become employed with us?  Yes  No  
 If yes, list company/organization issuing agreement \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of and/or do you have any pending charges of any offense (municipal ordinance violation, misdemeanor, or felony) other than minor traffic violations?  Yes  No

If yes, attach extra pages detailing nature of offense/charge, date, county, and state of any conviction/charge, and any sentence imposed.

*NOTE: You are not required to disclose any sealed or expunged records. A conviction/pending charge does not automatically disqualify you from employment consideration. Convictions are only considered if closely related to job duties.*

Have you ever been or are you currently excluded from participation in any federally funded program, including Medicare and Medicaid?  Yes  No

If yes, attach detailed information.

Have you ever been involuntarily terminated (fired) or disciplined in any job?  Yes  No

If yes:  
 Disciplined or Terminated: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

Name and Location of School or Training Program	Course of Study	No. of Years Completed	Diploma or Degree Awarded

**CERTIFICATIONS / SKILLS**

List all professional licensures, certifications, or registrations:

Name/Title \_\_\_\_\_  
 State issued \_\_\_\_\_  
 Number \_\_\_\_\_  
 Expiration date \_\_\_\_\_

Name/Title \_\_\_\_\_  
 State issued \_\_\_\_\_  
 Number \_\_\_\_\_  
 Expiration date \_\_\_\_\_

Name/Title \_\_\_\_\_  
 State issued \_\_\_\_\_  
 Number \_\_\_\_\_  
 Expiration date \_\_\_\_\_

List any other experiences, skills, qualifications, computer software knowledge, or training programs that are related to the position for which you are applying \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide your complete job history; begin with your most recent job and work backwards. Attach additional pages if necessary. Incomplete information may disqualify you from consideration; **“see resume” is considered incomplete information.**

<b>EMPLOYMENT HISTORY</b>	Employer	City, State	<b>Starting Date</b>	<b>Ending Date</b>
	Job title; duties and responsibilities			
			<b>Starting Salary</b>	<b>Ending Salary</b>
	Supervisor's name	Supervisor's telephone number		
	Do you authorize us to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for separation/search for employment:	<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	
	Employer	City, State	<b>Starting Date</b>	<b>Ending Date</b>
	Job title; duties and responsibilities			
			<b>Starting Salary</b>	<b>Ending Salary</b>
	Supervisor's name	Supervisor's telephone number		
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Please provide information about three professional references.

REFERENCES	Name	Relationship	Daytime Telephone Number(s)

**Please read carefully before signing.**

Employment and compensation at The Diagnostic & Treatment Center (The DTC) may be terminated with or without cause and with or without notice at any time at the option of either The DTC or its employees. The terms and conditions of employment with The DTC may be changed, with or without notice, by The DTC and neither this application, nor any company policy, statement, or practice (whether verbal or written), or the acceptance of continuance of employment is to be construed as a promise of continued employment, or as creating an implied or expressed contract.

I certify that all information included on this application is true, complete, and correct. Any false information, omissions, or misrepresentations may lead to denial of my application or, if I am employed, discharge at any time. I understand that The DTC requires a completed Employment Application and that a resume, though may be provided, does not eliminate the requirement of my completing an Employment Application. I agree to abide by the policies and procedures of The DTC. I authorize all current and former employers, educational institutions, personnel representatives, and state motor vehicle and transportation departments in reference to this application to answer questions asked by The DTC. I understand that any information regarding my employment history, character, driving records, etc., can and will be investigated, and I release all persons from all liability and damages that may result from furnishing that information to The DTC.

Initials \_\_\_\_\_ Date \_\_\_\_\_

I understand that The DTC will require me to undergo a drug screen by a medical staff and/or agent selected by The DTC as a condition of my employment and/or continued employment. I further understand that I must successfully pass

the drug screen to be considered for employment with The DTC. I voluntarily consent to provide a urine specimen at a collection facility designated by The DTC. I also consent to having the specimen screened at a laboratory selected by The DTC. I further agree that the drug screen results will be disclosed to The DTC. Refusal to participate will result in rejection of my application. I understand that if I am offered and accept a position with The DTC, I will be required to have a new-hire health screening by an agent selected by The DTC as part of the new-hire process and as a condition of employment. I understand that The DTC follows Center for Disease Control (CDC) guidelines and, as such, the new-hire health screening will consist of, among other things, documentation of immune titers for specific diseases and a two-step tuberculosis (TB) test, and that further exams/tests/immunizations may be required based on results of the initial health screening. I further understand that as a condition of my continued employment, I must comply with any and all ongoing health requirements.

Initials \_\_\_\_\_ Date \_\_\_\_\_

I further release The DTC, including all of its officers, agents, representatives, and employees, from any and all claims, suits, causes of action, liability, and damages associated with or arising from my submission to a lawfully administered drug test and/or medical examination.

Initials \_\_\_\_\_ Date \_\_\_\_\_

I understand that as a condition of my job, I may be required to work overtime, be on call, work on holidays, etc., and agree to fulfill any such job requirements. I also understand that The DTC maintains a scent-free and tobacco-free environment.

Initials \_\_\_\_\_ Date \_\_\_\_\_

**To authorize submission of this Employment Application, please sign and date below. For electronic signatures, in addition to entering your first and last names and the date, enter the last four digits of your Social Security Number; your e-signature will represent your written signature.**

**By my signature below, in either written or electronic form, I acknowledge that I have read and agree to all the above statements.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Last 4 Digits of SS# (electronic signatures only)

**Even if you provide a resume, this Employment Application must be completed; incomplete information may disqualify you from further employment consideration.**

**Required:**

- Initialed and dated Certification above.
- Signed and dated Employment Application.

- Last 4 digits of SS# (electronic signature).
- Copy of Professional Licence or Registration.

**Optional:**

- Cover letter.
- Resume.