



610 W. Adams Street
Black River Falls, WI 54615

Human Resources Department

Website: www.krohnclinic.com

Fax: 715-284-0475

Phone: 715-284-4311

Thank you for applying. We are very grateful for your interest in Krohn Clinic.

Employment Application

Please Print

Today's Date _____

Personal Information

First name _____ Last name _____ MI _____

Street address _____ City _____ State _____ ZIP _____

Social security number (optional) _____ E-mail address _____

Home phone (if preferred) _____ Cell phone (If preferred) _____ Current work phone (if applicable) _____

Employment desired

Position applying for _____ Minimum salary desired _____

Number of hours Full-time Part-time - # of hours per 2 weeks _____ Summer Internship

How did you learn of this position?

Classified ad – *online or print* Krohn Clinic Website Employee recommendation School Website

_____ Applied in person Phone inquiry _____
Please list website or publication Please list school

General Information

If hired, can you furnish proof that you are 18 years of age? Yes No If no, please explain _____

Have you applied in the past for employment at Krohn Clinic? Yes No If yes, list date and position _____

Have you been employed at Krohn Clinic in the past? Yes No If yes, list date and position _____

Do you have commitments to another employer that would affect your employment with Krohn Clinic? Yes No If yes, list position and details _____

Criminal record

Have you ever been convicted of a felony, or been Released from prison within the past 10 years? Please Note that a "yes" answer does not automatically disqualify You from employment

Yes No

If yes, please explain

Release of claim approval

I authorize my former employers to release information to Krohn Clinic regarding my employment. This shall include, but not be limited to: Positions held; employment dates; rate of pay; work performance; disciplinary and attendance records; conduct and behavior including information from my personal files.

Applicant signature Date

Education

Schools Attended	Name and school location	Did you graduate?	Check One	GPA	
High School	_____ <i>School Name</i> _____ <i>City/State</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Diploma <input type="checkbox"/> GED		
Technical, vocational, Business or military training	_____ <i>School Name</i> _____ <i>City/State</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree		Major course of study
College or University	_____ <i>School Name</i> _____ <i>City/State</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree		Major course of study

Circle highest grade completed 8 9 10 11 12

Employment history

Name of present or most-recent employer

Employer address

Employer phone number

Employment Dates (from/to)

Supervisor

Full-time Part-time

Wage

Description of duties

Reason(s) for leaving

Employer

Employer address

Employer phone number

Employment Dates (from/to)

Supervisor

Full-time Part-time

Wage

Description of duties

Reason(s) for leaving

Employer

Employer address

Employer phone number

Employment Dates (from/to)

Supervisor

Full-time Part-time

Wage

Description of duties

Reason(s) for leaving

References

Name	Relationship	Phone	E-mail
_____	_____	_____	_____
_____	_____	_____	_____

Ok to contact references

If hired, when would you be able to start _____