



1. Click on the “Review Skills and Qualifications” link. The link will take you to the formal application page.



**To start your application, please click 'review your skills and qualifications' to update your information.**

A copy of your skills and qualifications will be included with your job application.  
**Review Skills and Qualifications**

6. Click the arrow next to each section to expand the section and then click “Add” to be presented with fields to complete.

Degrees + Add ^

 There's nothing here so far.

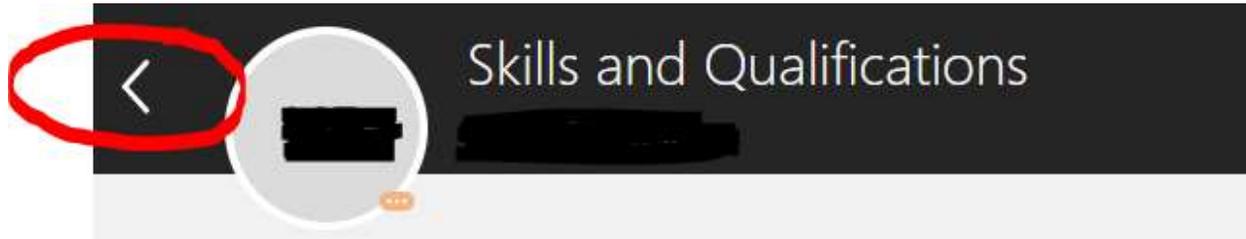
7. Complete each field and click “Save”.\*

Degrees

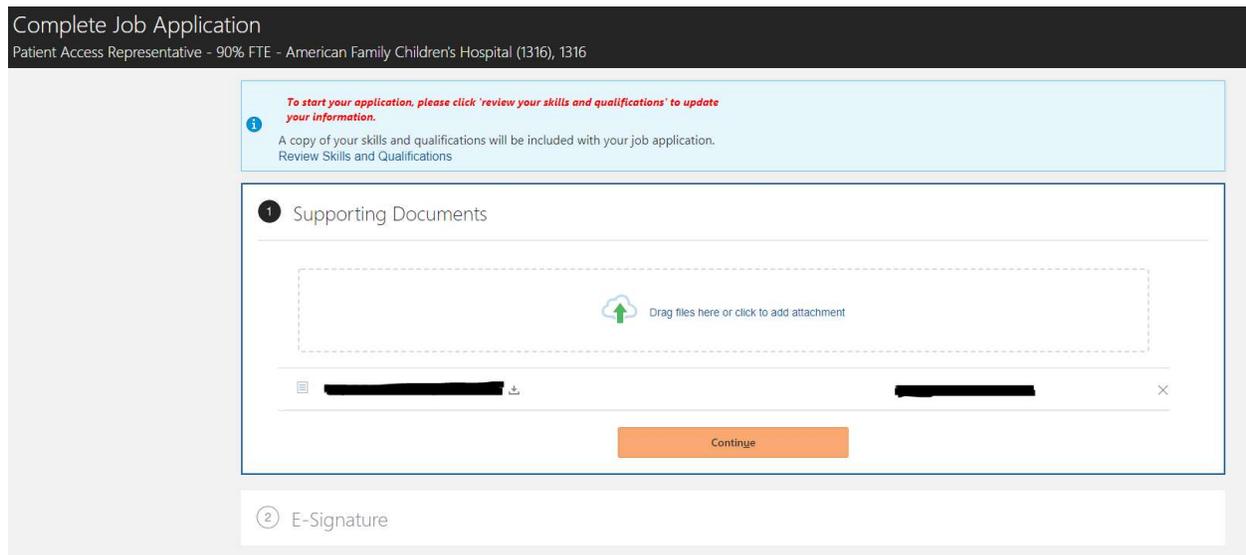
		<input type="button" value="Save"/> <input type="button" value="Cancel"/>
*Degree	End Date	
<input type="text" value="Bachelor of Science"/>	<input type="text" value="5/15/04"/>	
Major	Country	
<input type="text" value="Business"/>	<input type="text" value="United States"/>	
School	State	
<input type="text" value="UW Madison"/>	<input type="text" value="WI"/>	
School Name	City	
<input type="text" value="School of Business"/>	<input type="text" value="Madison"/>	
Start Date	Graduated	
<input type="text" value="9/1/00"/>	<input type="text" value="Yes"/>	

**\*Helpful Tip:** You can type in the drop-down boxes to quickly locate what you are looking for.

8. Once you have completed each applicable section, hit the white arrow at the top to take you back to the main page.



9. Complete “Job Application Questions” if applicable.
10. Upload your resume under “Supporting Documents”.



11. Click Continue.



12. Complete the E-Signature section by typing your name in the “Employee Name” field. Then click “submit.”

**Complete Job Application**  
Patient Access Representative - 90% FTE - American Family Children's Hospital (1316), 1316

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Review Skills and Qualifications

**1** Supporting Documents Edit

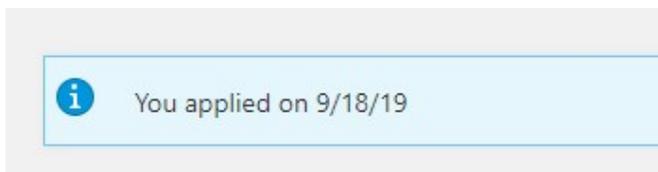
**2** E-Signature

**If you encounter any technical issues or need assistance submitting your application please contact our Human Resources Service Center at 608-263-6500.**

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page.  
Please note that an e-signature is the electronic equivalent of a hand-written signature.  
I certify that all of the information provided in this application is true and complete to the best of my knowledge.  
I understand that misrepresentation or omission of information may disqualify me from employment consideration and may be grounds for termination from employment.  
By submitting my application, I understand that the offer of employment is contingent upon successfully completing and/or passing the following requirements.  
Additionally, I understand that if I do not successfully complete and/or pass the following requirements, the offer of employment may be rescinded or my employment may be suspended, terminated or otherwise affected.  
Completion of the Wisconsin Background Information Disclosure (BID) form and successful completion of a caregiver background check:  
Successful verification of my identity and work authorization, pursuant to the federal law:  
Satisfactory responses to reference inquiries.  
Successful completion of immunization records, a pre-employment health assessment, and pre-employment drug test as required by the employer's policies:  
Any other requirements mandated by the employer.  
I understand that I should consider whether I wish to provide notice of my intent to end my employment with my current employer prior to successfully completing and/or passing the above requirements.  
I authorize my reference to release information to UWHC or UWMF regarding my work history and performance.  
By my eSignature below, I certify that I have read, fully understand and accept all terms of the foregoing statement.  
Please signify your acceptance by entering the information requested in the fields below.

**Employee Name**

13. The confirmation that you applied will appear at the top of the screen.



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