

Future Fox Cities EMPLOYER PROFILE

Connections start here.



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| Name of Organization | ThedaCare |
| Type of Business | Healthcare |
| 3 Job Titles at your Organization | <ol style="list-style-type: none"> 1. Registered Nurse 2. Licensed Practical Nurse 3. Certified Nursing Assistants |
| Helpful School Courses | Intro to Health Careers, Medical Terminology, English, Science |
| Majors Recruited (Bachelor's degree level) | Registered Nurses |
| Programs Recruited (Associate degree level) | Licensed Practical Nurse, Registered Nurse |
| Other Training or Certifications Hired | Medical Assistants, Certified Nursing Assistants |
| Main Career Clusters (Check all that apply) | <input type="checkbox"/> Industrial, Manufacturing, Engineering <input type="checkbox"/> Human Services / Human Resources <input type="checkbox"/> Business, Marketing, Management <input checked="" type="checkbox"/> Health Sciences <input type="checkbox"/> Communications and Information Systems <input type="checkbox"/> Environmental and Agricultural Systems |
| Website | https://thedacare.wd5.myworkdayjobs.com/ThedaCare_Career_Site1 |

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| <p>Career Based Learning Opportunities (CBL's) <i>Check all that apply.</i></p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Individual Job Shadow <input checked="" type="checkbox"/> Group Career Experience Days <input type="checkbox"/> Group Company Tours <input checked="" type="checkbox"/> Informational Interviews (email, phone) <input checked="" type="checkbox"/> Classroom Presentations <input type="checkbox"/> Internships <input type="checkbox"/> Co-op <input type="checkbox"/> Youth Apprenticeship <input type="checkbox"/> Adult Apprenticeship <input checked="" type="checkbox"/> Summer Employment <input checked="" type="checkbox"/> Part-time Employment <input type="checkbox"/> School-to-work <input type="checkbox"/> Other _____ |
| <p>Age or grade needed to participate in CBL's</p> | <p>Junior or Senior in High School</p> |
| <p>CBL Contact Person's Information (Name, phone & email)</p> | <p>Ericka Mulroy 920-380-7919 Ericka.Mulroy@thedacare.org</p> |
| <p>Who should contact?</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Parent |