

Assisted Living by Hillcrest - Application for Employment

Please Check facility you wish to apply to (may check more than one)

Allouez Parkside Village Birch Creek Bishop's Court Brillion West Haven

Please Print

Position(s) Applied For:	Date of Application:
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____	

Last Name:	First Name:	Middle Name:
Address: Number Street	City	State Zip
Telephone Number(s):	Social Security Number:	
Emergency Contact Name:	Telephone:	

Best time to contact you at home is: _____:____ am pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____.

Do any of your friends or relatives, other than spouse, work here? Yes No
If yes, state name and relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work ___/___/___ **What is your desired salary range?** _____

Are you able to work: Full Time (Please indicate shift 1 2 3)
 Part Time (Please indicate shift 1 2 3)
Hours per week _____

Are you currently on "lay-off status and subject to recall?" Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job related military assignments.		
Employer:	Dates Employed	Work Performed
Address:		
Phone Number:		
Job Title:		
Supervisor:	Payrate:	
Reason for Leaving:		May we contact? __Yes__No
Employer:		
Address:		
Phone Number:		
Job Title:		
Supervisor:	Payrate:	
Reason for Leaving:		May we contact? __Yes__No
Employer :		
Address:		
Telephone:		
Job Title:		
Supervisor:	Payrate:	
Reason for Leaving:		May we contact? __Yes__No
Explain any gaps in employment:		

Describe any specialized training or skills:

Describe job training received in the military:

List Professional Licenses Held:

ADDITIONAL INFORMATION:

Summarize job-related skills or qualifications acquired from employment /experience:

SPECIALIZED SKILLS:

List any machinery or equipment you are able to use:

State any additional information you feel may be helpful in considering your application:

PERSONAL/PROFESSIONAL REFERENCES: (Do not include family or supervisors)

NAME	PHONE NUMBER	OCCUPATION

Applicant's Statement:

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

Signature of Applicant

Date

Interviewed by:_____

Date:_____

Do not write below this line

Comments:_____

