

CARE PARTNERS COUNTRY TERRACE

Application for Employment

Position Applied for: _____ Today's Date: ____/____/____

Location Applied for: _____ Are you 18 years of age or older: _____

Referral Source (circle one): Newspaper Advertisement Employee Relative or Friend Walk-In

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____ Best Time to Call: _____

Have you filed an application with our company before: _____ If yes, when: _____

Have you been employed by our company before: _____ If yes, Location: _____

Dates you were employed: _____ to _____ Name used if different from above: _____

Are you legally eligible for employment in the United States: _____

Proof of U.S. citizenship or immigration status will be required upon employment.

Apart from absence for religious observance, are you available for full-time work: _____

Type of hours preferred (circle all that apply): Full-time Part-time

AM Shift PM Shift Night Shift Weekend

Will you work overtime if required: _____ Will you relocate if job requires it: _____

Will you travel if job requires it: _____ Drivers license number if required: _____

Have you been convicted of a felony in the last 7 years: _____ If yes, please explain: _____

Such conviction may be relevant if job related but does not bar you from employment.

EMPLOYMENT HISTORY (MOST RECENT FIRST)

Company Name: _____ Address: _____

Name and Telephone Number of Supervisor: _____

May We Contact Supervisor for a Reference: _____ Reason for Leaving: _____

Dates of Employment: _____ to _____

Job Title and Work Description: _____

Company Name: _____ Address: _____

Name and Telephone Number of Supervisor: _____

May We Contact Supervisor for a Reference: _____ Reason for Leaving: _____

Dates of Employment: _____ to _____

Job Title and Work Description: _____

Company Name: _____ Address: _____

Name and Telephone Number of Supervisor: _____

May We Contact Supervisor for a Reference: _____ Reason for Leaving: _____

Dates of Employment: _____ to _____

Job Title and Work Description: _____

Company Name: _____ Address: _____

Name and Telephone Number of Supervisor: _____

May We Contact Supervisor for a Reference: _____ Reason for Leaving: _____

Dates of Employment: _____ to _____

Job Title and Work Description: _____

EDUCATIONAL BACKGROUND

Circle number of years attended each school:
High School: 1 2 3 4 College: 1 2 3 4 5 6
Degree Earned: _____
Other (give name & address): _____

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company: _____

MILITARY

Did you serve in the U.S. Armed Forces: _____
If yes, what branch: _____

Describe any training received relevant to the position for which you are applying: _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary. I give the Employer the right to investigate references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. It is understood that Care Partners Assisted Living, LLC/Country Terrace of Wisconsin, Inc. is an Equal Opportunity Employer. This application is current for six months. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant

Date