



care & rehab

A Family Company

Application for Employment

From the list please select the facility you are making an application to:

- Barron Boscobel Cumberland Ladysmith Neillsville
- Ostrander

PERSONAL INFORMATION:

NAME: Last: _____ First: _____ M. I. _____ Date: _____

Present Address (Street, City, State, Zip) _____

Home Telephone Number: _____ Cell Phone: _____

Referred by: _____

Your Email Address _____

EMPLOYMENT DESIRED:

Position: _____

Date you can begin: _____ Salary Desired: _____

Are you employed currently: _____ May we contact your employer? _____

Have you ever applied to this company before? _____ When? _____

Application is for: _____ Full-time work _____ Part-time work

Shift(s) you can work: _____ Day _____ Evening _____ Night Shift

Are you available for weekend work? _____ Yes _____ No

If employed do you have a reliable way to get to and from work? _____ Yes _____ No

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Name and location of last school attended; and degree awarded _____

Please tell us about any additional job related skills or recognition you have gained through seminars you have attended; honors you have received; and training you have participated in. We recognize and value unpaid as well as paid experiences; eg. Work done with the PTA; Scouts; etc.

EXPERIENCE:

(Please begin with your present or last position. Include volunteer and military experience.)

Name of Employer: _____ Address: _____

City _____ State _____ Zip _____ Telephone _____

Position Held: _____ Reason for Leaving: _____

Employed From (mm/dd/yy) _____ Employed To (mm/dd/yy) _____

Responsibilities: _____

Name and Title of Immediate Supervisor _____

May we contact? _____ Yes _____ No _____

Name of Employer: _____ Address: _____

City _____ State _____ Zip _____ Telephone _____

Position Held: _____ Reason for Leaving: _____

Employed From (mm/dd/yy) _____ Employed To (mm/dd/yy) _____

Responsibilities: _____

Name and Title of Immediate Supervisor _____

May we contact? _____ Yes _____ No _____

Name of Employer: _____ Address: _____

City _____ State _____ Zip _____ Telephone _____

Position Held: _____ Reason for Leaving: _____

Employed From (mm/dd/yy) _____ Employed To (mm/dd/yy) _____

Responsibilities: _____

Name and Title of Immediate Supervisor _____

May we contact? _____ Yes _____ No _____

REFERENCES:

Please list three (3) people who are well acquainted with you. Do not include relatives.

Name _____ Address _____

City _____ State _____ Zip _____ Telephone _____

Relationship to you _____ Occupation: _____

Name _____ Address _____

City _____ State _____ Zip _____ Telephone _____

Relationship to you _____ Occupation: _____

Name _____ Address _____

City _____ State _____ Zip _____ Telephone _____

Relationship to you _____ Occupation: _____

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ **TELEPHONE:** _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.

SIGNED: _____ **DATE:** _____



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EMPLOYMENT REFERENCE REQUEST FORM

I authorize and request,

Name of Employer: _____ Supervisor: _____

Address: _____ City _____ State _____ Zip _____

Telephone _____ Email _____

To release to Care & Rehab any and all information requested regarding my employment with you. I release those individuals and/or organizations from all liability whatsoever for providing this information. This authorization is valid for 30 days from the date hereof. A copy of this authorization shall be as effective as the original.

Please sign and date.

Signature: _____ Date: _____

_____ Has applied for a position as a _____

And has given your name as an employment reference. This position requires the individual to work in close contact with and/or provide a variety of cares for the elderly population we serve. Would you please answer the following questions and comment on the items regarding the applicant at your earliest convenience so that we may give his/her application further consideration. Information regarding this applicant will be treated confidentially.

Position held by this individual? _____

Dates of Employment: _____

Summary of duties: _____

Reason for leaving your Employ _____

Is the individual eligible for rehire? _____ Yes _____ No, if no, why not? _____

Work Performance: _____

Attitudes/Strengths: _____

Interpersonal Skills: _____

Dependability: _____

Independent Judgment/Initiative: _____

Attendance Record: _____ GOOD _____ FAIR _____ POOR Comments _____

Additional Comments: _____



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Independent Judgment/Initiative: _____

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Additional Comments: _____



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Additional Comments: _____



COMPLETION OF INFORMATION BELOW IS VOLUNTARY

Care & Rehab will not discriminate against any employee or applicant for employment because of: race, color, creed, religion, national origin, sex, disability, sexual orientation, age, marital status or status with regard to public assistance.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

REFERRAL SOURCES:

_____ Walk-In _____ Government Employment Agency _____ Private Employment Agency
_____ Employee _____ Relative _____ School
_____ Advertisement – Source _____ Other _____

Name of person who referred you IF APPLICABLE _____

APPLICANT INFORMATION:

Name _____ Telephone () _____
Last First M.I.

Address _____
Street City State Zip

Please Check One Of The Following Equal Opportunity Identification Groups:

_____ White (not of Hispanic origin) _____ Black (not of Hispanic origin) _____ Hispanic
_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

FOR ADMINISTRATIVE USE ONLY:

Position(s) applied for _____ Available _____ Not Available
Other Positions considered for _____
Hired _____ Yes _____ No
Position hired for _____ Date of Hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled
_____ Officials and Managers _____ Sales Workers _____ Operatives (semi-skilled)
_____ Professionals _____ Laborers (unskilled) _____ Office and Clerical Workers
_____ Technicians _____ Craft Workers (skilled) _____ Service Workers

Notes: _____

Completed by: _____ Date ____/____/____