

LADYSMITH CARE COMMUNITY

Ladysmith Nursing Home • Ladysmith Living Center • Legacy Senior Living • Lake Manor • Key Care
1001 E. 11th Street N. Ladysmith, WI 54848 Phone: 715-532-5594 FAX: 715-532-5498

Application for Employment

Our Companies are an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this Company to provide employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or handicap, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, this Company intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law.

PLEASE PRINT CLEARLY - BE SURE TO SIGN THIS APPLICATION

PERSONAL INFORMATION

DATE: _____

NAME _____
Last First Middle Initial

ADDRESS _____
Street City State Zipcode

TELEPHONE NUMBER: () _____ EMAIL: _____

ARE YOU AT LEAST 18 YEARS OLD? _____ IF NOT, YOU MUST GET A WORK PERMIT FOR EMPLOYMENT HERE IF HIRED.

ARE YOU A U.S. CITIZEN OR DO YOU HAVE AN ENTRY PERMIT THAT ALLOWS YOU TO WORK? _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS OR HAVE ANY PENDING ARRESTS? (EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT).

YES _____ NO _____

DO YOU HAVE ANY ALLEGATIONS OF ABUSE OR MISAPPROPRIATION OF FUNDS PENDING WITH YOUR LICENSING BOARD OR NURSES AIDE REGISTRY? YES _____ NO _____ WHO REFERRED YOU TO THIS FACILITY? _____

HOW DID YOU HEAR ABOUT POSITION YOU ARE APPLYING FOR? _____

If you are offered employment & have any arrests during employment - you need to make your employer aware.
Failure to do so may result in termination of employment.

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: LIST ORDER OF PREFERENCE 1. _____ 2. _____ 3. _____

HOW EXPERIENCED ARE YOU IN THE POSITIONS YOU REQUESTED? (YEARS/MONTHS) _____

LIST ANY ADDITIONAL QUALIFICATIONS YOU MAY HAVE FOR THE POSITION YOU APPLIED FOR: _____

WAGES EXPECTED \$ _____ ARE YOU A CERTIFIED NURSING ASSISTANT? _____ WHEN DOES IT EXPIRE? _____

WHAT STATE WAS IT ISSUED IN? _____ DO YOU HAVE ANY PROFESSIONAL LICENSE(S)? _____

IF YES, WHAT PROFESSION IS YOUR LICENSE FOR? _____

WHAT EMPLOYMENT ARE YOU INTERESTED IN? FULL TIME _____ PART TIME _____ TEMPORARY _____ FLEX _____

WHAT SHIFTS ARE YOU AVAILABLE TO WORK? DAY _____ EVENING _____ NIGHT _____

WHAT DAYS ARE YOU AVAILABLE TO WORK? _____ DATE YOU CAN START: _____

Month Day Year
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES _____ NO _____ WHEN? _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____ WHEN? _____

WHO SUPERVISED YOU (FOR THIS COMPANY)? _____ REASON FOR LEAVING THIS COMPANY? _____

