

# LADYSMITH CARE COMMUNITY

Ladysmith Nursing Home • Ladysmith Living Center • Legacy Senior Living • Lake Manor • Key Care  
1001 E. 11<sup>th</sup> Street N. Ladysmith, WI 54848 Phone: 715-532-5546 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 UNDER AGE 16, YOU MUST GET A WORK PERMIT FOR EMPLOYMENT IF HIRED.

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

HOW DID YOU HEAR ABOUT OR WHO REFERRED YOU FOR THE 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 POSITION(S) YOU REQUESTED? (YEARS/MONTHS) \_\_\_\_\_

LIST ANY ADDITIONAL QUALIFICATIONS YOU MAY HAVE FOR THE POSITION(S) 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 \_\_\_\_\_

PLEASE CIRCLE DAYS ARE YOU AVAILABLE TO WORK SUN MON TUE WED THU FRI SAT

ARE YOU AVAILABLE TO WORK WEEKENDS? SATURDAY/SUNDAY \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

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? \_\_\_\_\_

### EDUCATION

HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4  
Grade School High School College

NAME OF LAST SCHOOL ATTENDED \_\_\_\_\_

VOCATIONAL OR TRADE SCHOOL \_\_\_\_\_

**REFERENCES**BELOW PLEASE PROVIDE THREE PERSONS NOT RELATED TO YOU  
YEARS

NAME	ADDRESS	PHONE #	ACQUAINTED

**EMPLOYMENT HISTORY**

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES \_\_\_ NO \_\_\_

STARTING WITH YOUR MOST RECENT OR PRESENT PLACE OF EMPLOYMENT, LIST YOUR WORK EXPERIENCE:

Company: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage/Salary: \$ \_\_\_\_\_ Ending Wage/Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage/Salary: \$ \_\_\_\_\_ Ending Wage/Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage/Salary: \$ \_\_\_\_\_ Ending Wage/Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage/Salary: \$ \_\_\_\_\_ Ending Wage/Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**APPLICANT'S STATEMENT**

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, and any other sources of information which may be relevant to my application for employment. I hereby release them and their organizations from all liability for any damage whatsoever for issuing same. It is understood and agreed that any misrepresentation by me in this application will be sufficient reason for dismissal at any time during my employment, without liability to this Company. If employed, I agree to abide by all of the work and safety rules of the Company. I understand that this Company is committed to maintaining a drug-free workplace. I am aware that the Company requires a drug test as a part of the hiring process. Also, if employed, I realize that the Company conducts reasonable suspicion, drug and alcohol testing of its employees. I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of your being hired by this Company."

I have read, understand and agree to the above statement (Please initial here.) \_\_\_\_\_

SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

This facility may not interview all applicants for vacancies. Those applicants to be interviewed will be contacted by the facility. Application will be considered active for 6 months following their submission. If applicant wishes to be further considered after this time period, or for a position not listed at the time of application, they must submit a new application.