

LADYSMITH CARE COMMUNITY

Ladysmith Nursing Home • Ladysmith Living Center • Legacy Senior Living • Lake Manor
1001 E. 11th 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 _____

REFERENCESBELOW 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.