

Name: _____

Position: _____

Date: _____

ADORAY Home Health & Hospice
990 Hillcrest Street, Suite 104
Baldwin, WI 54002
(715) 684 - 5020

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

Best time to contact you at home is:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment.

Date available for work: ____/____/____. What is your desired salary range? _____

Type of employment desired: ____ Full-Time ____ Part-Time ____ Casual Call

Are you currently employed?

May we contact your present employer?

Is there any name, other than the one stated above by which you can be identified by previous fellow employees or educational institutions?

Can you travel if a job requires it?

Have you been convicted of a crime in the last seven (7) years? _____ If "Yes", please explain.

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

EDUCATION

	Name & Address of School	Course of Study	# of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	From:	To:	Work Performed
Address:			
Telephone #:	Hourly Rate/Salary		
Starting/Present Title:	Starting :	Final:	
Supervisor:			
Reason for Leaving:			May we contact? ___ Yes ___ No

Employer:	From:	To:	Work Performed
Address:			
Telephone #:	Hourly Rate/Salary		
Starting/Present Title:	Starting :	Final:	
Supervisor:			
Reason for Leaving:			May we contact? ___ Yes ___ No

Employer:	From:	To:	Work Performed
Address:			

Telephone #:	Hourly Rate/Salary		
Starting/Present Title:	Starting	Final:	
	:		
Supervisor:			
Reason for Leaving:			May we contact? ____ Yes ____ No

Employer:	From:	To:	Work Performed
Address:			
Telephone #:	Hourly Rate/Salary		
Starting/Present Title:	Starting	Final:	
	:		
Supervisor:			
Reason for Leaving:			May we contact? ____ Yes ____ No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, and/or skills.

List professional, trade business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Personal/Professional References - Do not include family members or past supervisors.			
Name	Phone Number	Best Time To Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed sixty (60) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. If applications are being accepted, a new one will have to be filled out.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, State or Federal Law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause, and without prior notice, except as may be required by law. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____