



Application For Employment

Date: ____/____/____

Personal Data				
Last Name:	First Name	Middle Name:		
Street Number	Street Name/Apt. Number	City	State	Zip Code
Address:				
Home Telephone Number:		Best time to be reached by phone:		
Work Telephone Number:				
Pager/Cell Number:				
For what position are you applying?	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Pool <input type="checkbox"/> Summer Employment	Wage/Salary Expectation \$		
Date available for employment:	Indicate any hours or days of the week you <i>cannot</i> work:			
Have you ever applied to Community Care before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when and at what location? _____				
Have you ever worked for Community Care before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when and at what location? _____				
Who/what led you to apply here?				
<input type="checkbox"/> Newspaper (Give name of newspaper): _____				
<input type="checkbox"/> Current Employee (Give name of employee): _____				
<input type="checkbox"/> Job Service/Job Net <input type="checkbox"/> Other: _____				
Have you ever been <i>convicted</i> of a felony and/or misdemeanor (besides minor traffic violations) or do you have any such charges <i>pending</i> against you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes", please explain. Note: A "Yes" answer does not automatically disqualify you for employment, since the nature of the offense and the date of conviction will be considered.				

Education & Training				
Please indicate education, skills training and other background information which is relevant to the job for which you are applying.				
High School/ GED	Name of School	City	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	(Do not give date of graduation/ attendance for high school.)
Vocational/ Technical	Name of School	City	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Year(s) Attended or Graduated
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Degree, Diploma or Certificate & Area of Study
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Community Care is an Equal Employment Opportunity and Affirmative Action Employer

Special Skills

Please indicate if you have any special skills which would help you to be successful in the job for which you are applying—such as communication, interpersonal, or analytical skills or skills/experience in operating office equipment or machines.

Work Experience

Please list your work experience, starting with your current or most recent job held. You must supply this information even if you submit a resume. Accuracy and completeness are critical, since we will verify the information provided.

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Name of Last Supervisor: _____

Employment Dates: From _____ To _____

Pay/Salary: at Start _____ At Finish _____

Last Job Title: _____

Your Name Then (if different) _____

List the jobs you held, duties performed, skills used or learned and any advancement or promotions while you worked for this employer:

Were there any areas in your last performance review which were rated unsatisfactory? Please explain fully:

Reason for leaving (If terminated, please explain):

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Name of Last Supervisor: _____

Employment Dates: From _____ To _____

Pay/Salary: at Start _____ At Finish _____

Last Job Title: _____

Your Name Then (if different) _____

List the jobs you held, duties performed, skills used or learned and any advancement or promotions while you worked for this employer:

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Reason for leaving (If terminated, please explain):

Name of Employer: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Name of Last Supervisor: _____
Employment Dates: From _____ To _____
Pay/Salary: at Start _____ At Finish _____
Last Job Title: _____
Your Name Then (if different) _____

List the jobs you held, duties performed, skills used or learned and any advancement or promotions while you worked for this employer:

Were there any areas in your last performance review which were rated unsatisfactory? Please explain fully:

Reason for leaving (If terminated, please explain):

Name of Employer: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Name of Last Supervisor: _____
Employment Dates: From _____ To _____
Pay/Salary: at Start _____ At Finish _____
Last Job Title: _____
Your Name Then (if different) _____

List the jobs you held, duties performed, skills used or learned and any advancement or promotions while you worked for this employer:

Were there any areas in your last performance review which were rated unsatisfactory? Please explain fully:

Reason for leaving (If terminated, please explain):

References

It is the policy of Community Care to conduct reference checks. Please list three references who can provide us with information about your qualifications to perform the job for which you are applying. One of those listed must be someone who directly supervised your work.

Name	Position & Company	Telephone Number Including Area Code
1.		
2.		
3.		

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE. UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

REFERENCE RELEASE AND ACKNOWLEDGMENT STATEMENTS

Please Read Carefully Before Signing This Form

- In accordance with the Americans with Disabilities Act, Community Care will provide reasonable accommodation with the interview process. The interviewer should be informed within a reasonable time period prior to the interview of the need for an accommodation.
- In accordance with the Immigration Reform and Control Act, Community Care will hire only U.S. citizens and nationals, and aliens lawfully authorized to work in the United States. Applicants who are hired by Community Care will be required to provide legally acceptable documentation to establish their identity and employment eligibility on their first day of employment. Anyone who does not provide the required documentation at this time will not be allowed to work, but will be given up to 72 hours to provide the documentation. A failure to provide the required documentation within this time will result in termination.
- In accordance with the Department of Health and Family Services Administrative Codes, Community Care conducts criminal background checks on all candidates being considered for hire and on all employees every four years. Information obtained from the criminal background check enters into the hiring decision or the decision to withdraw a job offer, and in the case of current employees, the decision to continue or terminate employment. These decisions are made according to the guidelines set forth in the Wisconsin's Caregiver Background Check and Fair Employment Practices Laws. The law prohibits discrimination because of a criminal record or pending charge, unless the record or pending charge substantially relates to the circumstances of the particular job for which the candidate is being considered.
- I understand that if I am made an offer of employment, I will be required to submit to a drug screen within 48 hours of the offer, and that the offer of employment is contingent upon a satisfactory drug screen result.
- *Driver applicants only:* I understand that if I am made an offer of employment, the offer is contingent upon the satisfactory completion of a medical examination that includes a lift evaluation in addition to the drug screen.
- My signature below certifies that all information in this Application is correct and complete, and that I understand that intentionally false or misleading information or relevant omissions made on this Application or during any interview(s) will result in refusal to hire or termination of employment if discovered after date of hire.
- My signature also authorizes all employers, schools and persons named in this Application to provide information regarding my employment, education, character and qualifications to Community Care. My consent releases such parties from any and all liability for providing this information.
- I understand that I will be considered only for the position for which I have applied and which is currently available.
- This Application is active for 45 days. If I wish to be considered for employment after that time, I understand that I must reapply.
- I understand that this Application is not, and should not be considered a contract of employment regardless of whether or not I become employed by the agency (Community Care). I also understand that employment with the agency is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the agency's unless specifically provided otherwise in a written employment contract. I further understand that no agency employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than the Chief Executive Officer of the agency, and then only by means of a signed written document.

Signature of Applicant

Date

If you are an applicant for a Driver position, you are required to provide your driver's license number. Your driver's license number is necessary to check your driving record with the Department of Motor Vehicles. A valid State of Wisconsin driver's license and a two year driving record free of moving violations is required for Driver positions. (A speeding ticket will not necessarily disqualify you from consideration.)

Driver's License Number:



Invitation to Identify for Affirmative Action Purposes

Community Care is committed to providing equal employment opportunities to minorities, women, individuals with disabilities and veterans. If you fall into one of the classifications listed below, we invite you to identify yourself and receive coverage under the agency's Affirmative Action Plan.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. This form is confidential and will be maintained separate from your application. Further, this form or the information recorded on it will not be placed in your file and will not be given to any person involved in making a hiring or promotion decision.

We appreciate your cooperation in our efforts to ensure equal opportunity.

Applicant Name (optional): _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE:

Male

Female

INDICATE YOUR RACE/ETHNIC GROUP:

White

Asian

Black/African American

Native Hawaiian or Other
Pacific Islander

American Indian or Alaskan Native

Hispanic or Latino (also check one below)

Hispanic or Latino (White Race Only)

Hispanic or Latino (All Other Races)

HOW WERE YOU REFERRED TO THIS JOB?

Newspaper (Give name of newspaper) _____

Employee Referral (Give name of employee) _____

Job Service/Job Net

Walk-In

School/College

Other (Please specify) _____

THANK YOU.