

**Rest Haven Health Care Center  
7672 W Mineral Point Rd  
Verona, WI 53593**

**APPLICATION FOR EMPLOYMENT**

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religious, sex, national origin, age, disability or any other reason prohibited by law.

This application is to be active for a period of \_\_\_\_\_ days only.

**POSITION APPLIED FOR:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
(Last) (First) (MI)

**Current Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone #:** Area Code ( ) \_\_\_\_\_

If you have lived at the above address less than 12 months, list previous address:

**Former Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Are you at least 18 years old?**  Yes  No

**Are you either a US citizen or legally authorized to work in the United States?**  
(Proof of citizenship or right to work status will be required at the time of hire.)  Yes  No

**Do you have adequate means of transportation to get to work on time each day and when called in on short notice?**  Yes  No

**Have you been convicted of or pled guilty to any criminal felony offense within the past seven years?**  Yes  No

**Have you been released from confinement following a conviction for any criminal felony offense within the past seven years?**  Yes  No

**Are you presently charged with any felony violations of law?**  Yes  No

If your response to any of the preceding three questions was "Yes," give the date, place and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment; the nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement will all be considered.)

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**ADDENDUM:** I understand and agree that if I am offered employment by Rest Haven, it may be required that I work weekends and holidays.

**Date you can begin work:** \_\_\_\_\_

**Shifts you can work:**  1<sup>st</sup>  
 2<sup>nd</sup>  
 3<sup>rd</sup>

**Will you work overtime whenever scheduled or requested?**

Yes  No

**Have you ever been employed by Rest Haven?**

Yes  No

**If yes, give position and dates employed:** \_\_\_\_\_

**Would you accept part-time work?**

Yes  No

**Would you accept temporary work?**

Yes  No

**Would you accept a position other than that applied for on page one?**

Yes  No

**Special skills you possess:**

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**Business machines and/or Nursing Home equipment you can operate (calculator, computer, medical equipment):**

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**Typing:** Approximate WPM \_\_\_\_\_

**Shorthand:** Approximate WPM \_\_\_\_\_

**Long-range occupational goals:**

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**Record of Education:**

	<b>DID YOU FINISH?</b> (If not, indicate grade completed.)	<b>NAME/LOCATION</b>	<b>MAJOR SUBJECTS</b>
<b>High School</b>			
<b>College</b>			
<b>School of Nursing</b>			
<b>Special Schooling or training</b>			

(Amount of education considered necessary will vary according to job applied for.)

**Professional Licenses and Certifications:**

Type	State	Issued	Date	Number

**Employment History:**

List all previous employers for whom you have worked during the past five years. Explain any lapses between times when employed.

Name and Address of Employers (Start with most recent)	Month & Year	Salary	Position & Location	Supervisor	Reason for Leaving
1.					
2.					
3.					
4.					
5.					

**Comments regarding lapses, if applicable:** \_\_\_\_\_

Have you ever been discharged from a job or forced or asked to resign?  Yes  No If yes explain:

Have you ever been counseled, verbally or in writing for violation of a prior employer's safety rules?  Yes  No If yes explain:

Have you ever been counseled, verbally or in writing for violation of any company policy of a prior employer?  Yes  No If yes explain:

**Military Service Record:**

The hiring and re-employment of veterans will be conducted in accordance with applicable state and federal laws and regulations.

Are you now a member of a Reserve or National Guard unit?  Yes  No

If yes, what branch? \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Dates of Duty** From: \_\_\_\_\_ To: \_\_\_\_\_

List duties in the military or special training that prepared you for the position you are seeking:

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I hereby state that the information given by me in this application is true in all respects. I agree that, if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand that Rest Haven reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of employment.

I understand and agree that if I am offered employment by Rest Haven, it may be required I work weekends and holidays. I also agree that my employment will be for no definite term and that either I, or Rest Haven, will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice and that this relationship can only be modified in writing and signed by the Administrator.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_