

**Sun Prairie Health Care Center
228 W Main St
Sun Prairie, WI 53590**

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have adequate means of transportation to get to work on time each day and when called in on short notice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been convicted of or pled guilty to any criminal felony offense within the past seven years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been released from confinement following a conviction for any criminal felony offense within the past seven years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you presently charged with any felony violations of law? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.)

ADDENDUM: I understand and agree that if I am offered employment by Sun Prairie Health Care Center, it may be required that I work weekends and holidays.

Date you can begin work: _____

Shifts you can work: 1st
 2nd
 3rd

Will you work overtime whenever scheduled or requested? Yes No

Have you ever been employed by Sun Prairie Health Care Center? 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:

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

Typing: Approximate WPM _____

Shorthand: Approximate WPM _____

Long-range occupational goals:

Record of Education:

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

(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:

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 Sun Prairie Health Care Center 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 Sun Prairie Health Care Center, 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 Sun Prairie Health Care Center, 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: _____

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: _____