

**Application for Employment**

Today's Date: \_\_\_\_\_

Name: (First MI Last)	
Address:	
City, State Zip:	
Positions Applied For:	

SS Number:	
Home Phone:	
Cell Phone:	
Salary Desired:	

**Hours Available to Work**

List your preference of hours and shifts in desired order using (1) as most preferred, and use (3) as your least preferred.

1st Shift:	
2nd Shift:	
3rd Shift:	

Date available to start work?	
What hours are you available for work?	
How many hours per week are you able to work?	

What days are you available to work?	
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**Please respond and explain answers (where applicable)**

Are you at least 18 years of age? If no, state your age.

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Have you ever filed an application with us before? If yes, when?

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Have you ever been employed with us before? If yes, list dates.

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Do any of your friends/relatives work here? If yes, state their name and your relationship.

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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status.

Can you travel if a job requires it?

Have you ever been convicted of a misdemeanor, felony, or criminal offense (including a civil forfeiture), or are any criminal charges pending against you? If yes, describe in full including dates:(Conviction or pending charges may not disqualify you from consideration for a position).

Has it ever been determined that you have abused or neglected a child or the elderly? If yes, describe in full, including date(s).

Have you ever been dismissed or had your resignation requested from any position? If yes, describe in full, including dates.

In the past 3 years, have you ever knowingly used narcotics, amphetamines, or barbiturates other than those prescribed to you by a physician?

Do you expect to be engaged in any other business or employment? If yes, please explain.

Do you have any physical or mental disabilities which may limit your ability to perform the essential functions of the job you are applying for? If yes, please describe what they are and what can be done to accommodate these limitations.

**Education**

<b>Highest grade completed?</b>	Enter the highest grade completed.
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School	Name & Location of School	Years Attended	Major Subject(s)	Certificate/Degree Received	G.P.A.
High School					
Technical / Professional					
College / University					
Other					

**Employment History**

List all Full / Part-time and temporary jobs you've had in the past 10 years or your last 5 jobs. Do not leave any time blank. If unemployed write "unemployed" and give dates. If in school give name of school and dates attended. If in Military list the branch and dates. Start with your present or most recent job. Falsification or omission of work history may be used as grounds for rejecting this application, or terminating your employment if you are hired. **DO NOT PUT "SEE RESUME"**.

**Employer 1**

Company Name:		Telephone Number:	
Address City, State, Zip:			
Position (start):		Start Date (month/year):	
Position (end):		End Date (month/year):	
Immediate Supervisor:		If quit, how many days notice given?:	
Job Duties:		Reason for Leaving (be specific):	
May we call for reference?	Yes - No - Later		

**Employer 2**

Company Name:		Telephone Number:	
Address City, State, Zip:			

Position (start):		Start Date (month/year):	
Position (end):		End Date (month/year):	
Immediate Supervisor:		If quit, how many days notice given?:	
Job Duties:		Reason for Leaving (be specific):	
May we call for reference?	Yes - No - Later		

### Employer 3

Company Name:		Telephone Number:	
Address City, State, Zip:			
Position (start):		Start Date (month/year):	
Position (end):		End Date (month/year):	
Immediate Supervisor:		If quit, how many days notice given?:	
Job Duties:		Reason for Leaving (be specific):	
May we call for reference?	Yes - No - Later		

### Employer 4

Company Name:		Telephone Number:	
Address City, State, Zip:			
Position (start):		Start Date (month/year):	
Position (end):		End Date (month/year):	
Immediate Supervisor:		If quit, how many days notice given?:	
Job Duties:		Reason for Leaving (be specific):	
May we call for reference?	Yes - No - Later		

### Employer 5

Company Name:		Telephone Number:	
Address City, State, Zip:			
Position (start):		Start Date (month/year):	
Position (end):		End Date (month/year):	
Immediate Supervisor:		If quit, how many days notice given?:	

Job Duties:		Reason for Leaving (be specific):	
May we call for reference?	Yes - No - Later		

### Type of Professional Licensure, Certification or Registration

Type:		State:		Dates:	
Number:				Expiration Date:	
Total number of years & months as a Caregiver or CNA		Years:		Months:	
Where did you receive your clinical training?					

### Special Training

Check subjects in which you have successfully received training and obtained a Certificate of Authenticity.

Medical Technician	
CPR Certification	
Standard Precautions	
Resident Rights	
Fire Safety & Evacuation	
Dietary Needs, Menu Planning, Food Prep & Sanitation	

Medication Administration	
Challenging Behaviors	
Client Group Specific	
Needs Assessment & Individual Service Plans (ISP)	
Diabetes / Insulin Care	
Dementia Care Specialists	

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying

### Work Related References (Supervisors, Managers, Co-workers)

#### Reference 1

Name:		Home Phone:	
Employer:		Work Phone:	
E-mail (if known):		Relationship:	
How Long Known:			

### Reference 2

Name:		Home Phone:	
Employer:		Work Phone:	
E-mail (if known):		Relationship:	
How Long Known:			

### Reference 3

Name:		Home Phone:	
Employer:		Work Phone:	
E-mail (if known):		Relationship:	
How Long Known:			

### Reference 4

Name:		Home Phone:	
Employer:		Work Phone:	
E-mail (if known):		Relationship:	
How Long Known:			

**Read carefully and acknowledge by signing and dating below**

1. I certify that all statements made on this application are true and complete to the best of my knowledge. I have not withheld any information requested on this form. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent termination, whenever discovered. I agree that *Heartwood Homes Senior Living, Inc.* shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.
2. I authorize *Heartwood Homes Senior Living, Inc.* to investigate my responses on this application and contact any or all above named companies, schools or persons for the purpose of verifying any information I have provided and / or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I voluntarily and knowingly fully release and hold harmless said companies, schools or persons that provide information pertaining to me or my employment.

3. In consideration of my employment, I agree to conform and comply to the rules and regulations of the employer.
4. I understand that regardless of whether or not I become employed by *Heartwood Homes Senior Living, Inc.*, this application is not and should not be considered a contract of employment. I understand that if I am employed by *Heartwood Homes Senior Living, Inc.*, my employment is on an at-will basis and that my employment can be terminated by *Heartwood Homes Senior Living, Inc.* or by me with or without cause and with or without notice, at any time. I further understand that no *Heartwood Homes Senior Living, Inc.* employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than a *Heartwood Homes Senior Living, Inc.* president, and then only by means of a signed, written document.

*By signing below, you authenticate that you are the person named on this application.*

**Signed:**

**Date:**

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Heartwood Homes Senior Living, Inc. is an Equal Opportunity Employer.

## Reminders

1. Check to make sure you've answered all questions.
2. Sign and date the application.
3. Mail the completed application to:

**Heartwood Senior Living – Employment**

1413 N. Mason St.  
Appleton, WI 54914