



303 S. Jefferson Street  
 Verona, WI 53593  
 Phone: (608) 845-6465 Fax: (608) 848-8315  
[www.fourwindsmanor.com](http://www.fourwindsmanor.com)

**APPLICATION FOR EMPLOYMENT**

Prospective employees will receive consideration in accordance with State and Federal laws which prohibit discrimination based on such factors as age, race, creed, religion, color, national origin, ancestry, sex, sexual orientation, marital status, arrest record, disability, or any other characteristic protected by law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

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

Name: \_\_\_\_\_  
 Last First Middle

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No Are you over the age of 18?  Yes  No  
*(Proof of eligibility will be required before you can be employed. If under 18, your employment will be subject to verification that you meet minimum age requirements for the type of work you are applying for and have obtained a valid work permit.)*

Position(s) applying for: \_\_\_\_\_ Desired Salary Range: \_\_\_\_\_

Type of work desired:  Full Time  Part Time \_\_\_\_\_ Hrs/Wk  Flex  Limited Term  Seasonal

Shift(s) preferred:  AM  PM  NOC  Rotating Shifts  Weekends Only

Days/specific dates you are unable to work: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, Dates: \_\_\_\_\_ Dept: \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Do you have commitments or agreements with another employer?  Yes  No If yes, explain: \_\_\_\_\_

List any maiden or former names your records may be listed under: \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No If yes, please provide date(s) and details:  
 \_\_\_\_\_  
 \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

<b>For Office Use Only</b>	Contact Attempts			Interview Date:	
	Position		Shift		Hours/pp
	Start Date	Orientation Date	TB Date	Starting Wage:	
	Notes:				

## EDUCATION

School	Name & Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree/Diploma
High School					
College					
Other					
Other Training/Education					
License/Certification Type		License/Certification No.		State	Expiration Date

## LIST LAST FOUR EMPLOYERS, REGARDLESS OF LENGTH OF EMPLOYMENT

<b>Present or Last Employer</b>		
Name of Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Dates of Employment:	Salary/Hourly Rate:
City, State, Zip Code	From: To:	Starting: Ending:
Telephone:	Duties Performed:	Reason for Leaving:
Job Title:		
Immediate Supervisor:		

<b>2<sup>nd</sup> Last Employer</b>		
Name of Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Dates of Employment:	Salary/Hourly Rate:
City, State, Zip Code	From: To:	Starting: Ending:
Telephone:	Duties Performed:	Reason for Leaving:
Job Title:		
Immediate Supervisor:		

<b>3<sup>rd</sup> Last Employer</b>		
Name of Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Dates of Employment:	Salary/Hourly Rate:
City, State, Zip Code	From: To:	Starting: Ending:
Telephone:	Duties Performed:	Reason for Leaving:
Job Title:		
Immediate Supervisor:		

<b>4<sup>th</sup> or Last Employer</b>		
Name of Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Dates of Employment:	Salary/Hourly Rate:
City, State, Zip Code	From: To:	Starting: Ending:
Telephone:	Duties Performed:	Reason for Leaving:
Job Title:		
Immediate Supervisor:		

## Professional References

List three responsible adults who have knowledge of your work ethic that are not relatives.

Name	Telephone	Number of Years Known	Relationship

### APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's services, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that 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 applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing, oral and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_