



# APPLICATION FOR EMPLOYMENT

Holistic Home and Hospice is an Equal Opportunity Employer. All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential

## PERSONAL

Last Name		First		Middle In.	Today's Date
Street Address				Home Phone	
City	State	Zip code	Mobile Phone		
S.S. #	Drivers License#		Date of Birth / /		

Position applying for:  LPN  RN  MSW  Bereavement  Chaplain  Home Health Aid  PCW  Office  Volunteer

Have you ever applied for employment with this Agency?  Yes  No If yes, when? \_\_\_\_\_

Type of employment:  Full time  Part time  Per Diem  Contract  Hours per Week \_\_\_\_\_

Are you willing to work:  Day  Evenings  Weekends  Holidays (may be required for some positions)

Days Available:  Sun.  Mon.  Tues.  Wed.  Thur.  Fri.  Sat. Salary Expectation: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No Are you at least 18 years old?  Yes  No

Are you currently employed?  Yes  No Do you have reliable transportation?  Yes  No

How did you learn of our organization?  Internet Ad /Employment Website  Current/Previous employee  Other

Please Explain: \_\_\_\_\_ If previous Employee List dates \_\_\_\_\_ to \_\_\_\_\_

Are you related to an employee?  Yes  No If yes, name of employee \_\_\_\_\_

## Education

College:	Address:	Dates Attended	Major	Graduated Y/N
High School:				
Vocational/Tech School:				
Certifications	Accrediting Body	Issued Date:	Expires Date:	



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## Employment

--List the last five years employment history, starting with the most recent employer--  
 If you need additional space for employment history, attach separate sheet.

<b>Employer</b>	<b>Address</b>	<b>Phone Number:</b>	<b>Dates employed:</b> From / To /
<b>Title</b>	<b>Job description</b>		<b>Starting pay / Ending pay</b> -
<b>Name of Immediate supervisor and title:</b>	<b>May we contact? If No, Reason:</b>	<b>Reason for leaving:</b>	

What did you like the most about this position? \_\_\_\_\_  
 What did you dislike the most about this position? \_\_\_\_\_

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Was your last name different from your present name during the above listed jobs?  Yes  No

If Yes, what was your last name? \_\_\_\_\_



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## PROFESSIONAL REFERENCES

Persons who can furnish information about job performance:

1. Name/title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_
  
2. Name/title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_
  
3. Name/title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_

## PERSONAL REFERENCES

Persons who can share information about your character that you have known for at least 1 year:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

## GENERAL

Have you ever been convicted of a crime in the past 5 years (felony or misdemeanor), barring employment in a Home Care and community support Agency?  Yes  No

If yes, describe in full, including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disclosure will not necessarily disqualify you for employment, unless the conviction is included in the exclusion for employment list as required by the state of Wisconsin. Each conviction will be evaluated on its own merit with respect to time circumstances, and seriousness in relation to the position you are applying for. Per Wisconsin Care Giver Background Check requirements, we perform criminal background checks. Falsification or omission of this or any other information on this application is grounds for immediate termination or denial of employment. Prospective applicants / employees will need to complete a Wisconsin Background Information Disclosure (BID)

For staff requiring professional licensure, have you ever had disciplinary action or orders issued by credentialing authorities within the Department of Safety & Professional Services against your license?  Yes  No

This will not necessarily disqualify an applicant from employment.

If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS

List all states in which you are licensed, and expiration date.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Describe any additional skills or qualifications you believe will be an asset to our organization or will aid in your success in the position you are applying for: \_\_\_\_\_

Are you capable of performing the job set forth in the job description?  Yes  No

If you answered No, which job requirement can you not meet? This will not necessarily disqualify an applicant from employment. \_\_\_\_\_

Please list a few hobbies, interests, or volunteer work: \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for 45 days. Any applicant wishing to be considered for employment beyond 45 days, shall inquire if applications are being accepted at that time.

**SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



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\*\*\*\*\*ONLY USE IF NEEDED FOR ADDITIONAL EMPLOYMENT HISTORY\*\*\*\*\*

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