

Name _____

Position: _____

Date: _____



ADORAY Home Health and Hospice
2231 Highway 12, Suite 201
Baldwin, WI 54002

APPLICATION FOR EMPLOYMENT

ADORAY Home Health & Hospice is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Name				
<hr/>				
<i>Last Name</i>		<i>First Name</i>	<i>Middle Name</i>	
Address				
<hr/>				
<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone Numbers				
<hr/>				
<i>Daytime</i>		<i>Evening</i>	<i>Other</i>	

Best time to contact you at home is:

Are you legally eligible for employment in the United States? ___ Yes ___ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Position applying for:

Date available for work: ____/____/____ Desired salary range _____

Type of employment desired: ___ Full time ___ Part Time ___ Casual Call

Is there any other name, other than the one above by which you may be identified by previous employers or educational institutions?

Were you ever convicted of a crime anywhere, including in federal, state, local, military or tribal courts? _____ If yes, please explain*

Are you currently excluded, debarred or otherwise ineligible to participate in any Federal health care program, or in Federal procurement or non-procurement programs, or have you been convicted of a criminal offense related to the provision of health care items or services but not yet excluded, debarred or otherwise ineligible?

___ Yes ___ No

**Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying*

EDUCATION

	Name & Address of School	Course of Study	# of Years Completed	Diploma or Degree
High School				
College/Tech				
Graduate/ Professional				
Other				

WORK EXPERIENCE

Start with your present or most recent job.

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Your Position	
From Month/Day/Year	To Month/Day/Year	Rate of Pay	Supervisor's Name and Title
Describe the Work Performed			
Reason for leaving? _____			
May we contact this employer? _____ Yes _____ No			

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Your Position	
From Month/Day/Year	To Month/Day/Year	Rate of Pay	Supervisor's Name and Title
Describe the Work Performed			

Reason for leaving? _____			
May we contact this employer? _____ Yes _____ No			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Your Position	
From Month/Day/Year	To Month/Day/Year	Rate of Pay	Supervisor's Name and Title
Describe the Work Performed			

Reason for leaving? _____			
May we contact this employer? _____ Yes _____ No			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Your Position	
From Month/Day/Year	To Month/Day/Year	Rate of Pay	Supervisor's Name and Title
Describe the Work Performed			

Reason for leaving? _____			
May we contact this employer? _____ Yes _____ No			

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Your Position	
From Month/Day/Year	To Month/Day/Year	Rate of Pay	Supervisor's Name and Title
Describe the Work Performed _____ _____ _____			
Reason for leaving? _____			
May we contact this employer? _____ Yes _____ No			

Include explanation of any gaps in employment

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain

List professional, trade, civic or volunteer activities or offices held *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)*

Personal/Professional References (do not include family members)		
Name	Occupation	Phone number

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. If applications are being accepted, a new one will have to be filled out.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

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 local, State or Federal Law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause, and without prior notice, except as may be required by law. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date