

# LILAC SPRINGS ASSISTED LIVING

## APPLICATION FOR EMPLOYMENT

This facility operates under the philosophy of non-discrimination for all employees regardless of race, origin, color, religion, gender, marital status, sexual preference, veteran status or disability. Employment decisions will be made on the basis of competency and compliance to state or national license and/or certification. A criminal background check is required by the State of Wisconsin, the results of which may prohibit employment under State of Wisconsin assisted living regulation. Under DHS regulation, all care staff employees are required to be at least 18 years of age.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

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

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Have you read and understood the job description for this position? \_\_\_\_\_

Are there any restrictions that would prohibit you from performing this job? \_\_\_\_\_

Do you need any special accommodations to perform these duties? \_\_\_\_\_

Are you a citizen of the United States?      YES      NO      If no, are you authorized to work in the U.S.?      YES      NO  
                             

Have you ever worked for this company?      YES      NO      If yes, when? \_\_\_\_\_  
           

Have you ever been convicted of a felony?      YES      NO  
     

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO      Diploma: \_\_\_\_\_  
     

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO      Diploma: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Certifications**

Do you have certification (DHS approval number course) in any of the following: Fire Safety \_\_\_\_\_ First Aid Training

\_\_\_\_\_ Medications \_\_\_\_\_ Dietary Needs \_\_\_\_\_ Standard Precautions \_\_\_\_\_ Clients \_\_\_\_\_

Are you currently certified as a CNA? \_\_\_\_\_ PCW? \_\_\_\_\_ Other \_\_\_\_\_

**Disclaimer and Signature**

*I acknowledge that the above information is truthful and I authorize Lilac Springs Assisted Living to confirm this information by contacting my present or former employers and listed references.*

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