



Application for Employment

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Position(s) Applying for:	Date of Application
Division (check all that apply) <input type="checkbox"/> Home Care <input type="checkbox"/> Guardianship <input type="checkbox"/> Personal Care Services <input type="checkbox"/> Case Management <input type="checkbox"/> Office/Professional Staff <input type="checkbox"/> Residential <input type="checkbox"/> My Choice Family Care <input type="checkbox"/> Creative Behavioral Solutions	Location (check all that apply) <input type="checkbox"/> Milwaukee Co. <input type="checkbox"/> Washington Co. <input type="checkbox"/> Waukesha Co. <input type="checkbox"/> Fond du Lac Co. <input type="checkbox"/> Racine Co. <input type="checkbox"/> Appleton Co. <input type="checkbox"/> Kenosha Co. <input type="checkbox"/> Oshkosh Co. <input type="checkbox"/> Ozaukee Co.
How did you learn about us? <input type="checkbox"/> Advertisement (Specify) _____ <input type="checkbox"/> Email <input type="checkbox"/> ANS Website <input type="checkbox"/> Indeed.com <input type="checkbox"/> Walk in <input type="checkbox"/> Yellow Pages/Yellow Pages.com <input type="checkbox"/> Radio <input type="checkbox"/> Outdoor <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____ <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> ANS Staff Member _____	

PERSONAL DATA

Last Name	First Name	Middle
Address	City	State
Home Telephone Number	Alternate Telephone Numbers	Social Security Number
Email Address _____		May we contact you via email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other names under which you have worked or attended school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list here for reference checking purposes. _____		

EDUCATION/TRAINING

Education	Name and Address of School	Course Work Studied	Did you Graduate Yes or No?
High School			
Vocational			
Certificates			
Certificates			
College/University			
Graduate			

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past THREE employers.

Most Recent Employer	<u>Dates Employed</u> FROM TO	Position Held
Address	Telephone Number	Job Duties
Supervisor	Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employer	<u>Dates Employed</u> FROM TO	Position Held
Address	Telephone Number	Job Duties
Supervisor	Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employer	<u>Dates Employed</u> FROM TO	Position Held
Address	Telephone Number	Job Duties
Supervisor	Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Best Time To Contact You is: _____AM / PM

Have you ever completed an application with us before? Yes No

If yes provide date: _____

Have you previously been employed with us? Yes No

If yes provide dates: _____ to _____

Are any of your friends and or relatives other than a spouse employed at this company? Yes No

If yes, state name and relationship _____



Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Are you legally authorized to work in the United States? Yes No
If hired, you will be required to provide proof of work authorization

Desired Salary \$ _____ per hour

Date you can start _____ / _____ / _____

Are you available to work? Weekends Holidays Odd shifts
 Full Time (Please indicate 1st 2nd 3rd shift)
 Part Time (Please indicate AM PM NOC, Specify Times: _____)
 Temporary (Please indicate dates _____ / _____ / _____)

Do you have reliable transportation to travel from client to client or to office locations? Yes No

Are you bringing a client and or have a current client with our agency? Yes No

If yes state client's name and relationship: _____

REFERENCES

*Please provide the names of **three business references** that are not related to you.*

Name	Phone Number	Address	Years Known and What Capacity

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process may eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the senior business leader of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that the company may conduct a criminal background investigation of me for the position for which I am applying and that a separate authorization to do so will be required. A conviction is not an automatic bar to consideration and/or employment

By signing below, I acknowledge that I have read and understand the above statements.

Date

(Signature of Applicant)



Verification of Employment

APPLICANT TO COMPLETE THIS SECTION

Applicant Name

Social Security Number

Are there other names under which you have worked or attended school? Yes No

If yes, please list for reference checking purposes _____

Applicant Release Statement:

Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.

Applicant Signature: _____

Date: _____

THIS SECTION TO BE COMPLETED BY FACILITY/AGENCY VERIFYING EMPLOYMENT OR REFERENCE

Facility/Agency Name

City, State

Position: _____

Employment dates above are correct or actual dates are from ____ / ____ / ____ to ____ / ____ / ____.

Employee remains in good standing with our agency.

Employee is eligible for rehire by our agency.

Comments: _____

Signature of Employment Verifier

Title

Date

Please fax this completed form back to (414) 481-9808