



**5215 North Ironwood Ste. 201  
Glendale, WI 53217  
(414) 906 - 9040**

Have you applied here within the last 6 months?  Yes  No

As an equal Opportunity Employer. The Organization does not discriminate against qualified applicants in hiring or in promoting qualified employees because of age, race, creed, color, religion, marital status, sex, national origin, ancestry, sexual orientation, handicap, disability, arrest and/or conviction record, membership in the National Guard or any other reserve component of the military forces of the United States or Wisconsin, or other protected status, as required by law.

**PLEASE PRINT**

**PERSONAL**

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
ADDRESS		CITY	STATE ZIP
TELEPHONE (H) (C)			
Are you U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Do you have the legal right and necessary documents to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No (Identity and employment eligibility will be verified as required by the law.)			ARE YOU 18 OR OVER? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have your employer or educational records ever been listed under another name <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate name(s) and dates _____			

**EMPLOYMENT INFORMATION**

Position Desired _____	Wage Desired _____
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**AVAILABILITY**

ARE YOU SEEKING WORK FOR:  
 Full Time Only       Part Time Only       How Many Hours/Week? \_\_\_\_\_

WHAT SHIFT DO YOU PREFER TO WORK?      WHICH OTHER SHIFT WOULD YOU ALSO CONSIDER:  
 Hourly    12 Hrs    Live-in(24 hrs)       Hourly    12 Hrs    Live-in(24 hrs)

WHEN ARE YOU AVAILABLE TO START WORK?: \_\_\_\_\_  
 (Please Indicate the days and times you are available to work)  
 Monday- From: To: Friday- From: To:  
 Tuesday- From: To: Saturday- From: To:  
 Wednesday- From: To: Sunday- From: To:  
 Thursday- From: To:

DO YOU POSSESS A VALID DRIVER'S LICENSE?  Yes  No      Driver's License Number \_\_\_\_\_  
 DO YOU HAVE YOUR OWN TRANSPORTATION?  Yes  No

HOW WERE YOU REFERRED TO US?  
 Ad    Job Fair    Employee Referral (Name) \_\_\_\_\_    Self Referral    Other \_\_\_\_\_

**EMPLOYMENT**

COMPLETE TELEPHONE AND ADDRESS INFORMATION IS REQUIRED. Begin with your present to most recent employer.

NAME OF EMPLOYER	AREA CODE & PHONE NO.	DATE EMPLOYED	HOURS RATE/SALARY
ADDRESS/CITY/STATE/ZIP			
YOUR JOB TITLE and CLINICAL AREA, IF APPLICABLE and MAJOR RESPONSIBILITIES			
SUPERVISOR'S NAME	MAY BE CONTACTED FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING	

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SUPERVISOR'S NAME	MAY BE CONTACTED FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING
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SUPERVISOR'S NAME	MAY BE CONTACTED FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING
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WERE THERE ANY PERIODS OF TIME WHEN YOU WERE NOT IN SCHOOL OR WORKING?  Yes  No  
 DATES: \_\_\_\_\_ REASON: \_\_\_\_\_  
 HAVE YOU EVER BEEN FIRED, DISCHARGED OR ASKED TO RESIGN?  Yes  No  
 IF YES, PLEASE EXPLAIN (include position) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL HISTORY**

Schools	Print Name, Number and Street, City, State and Zip Code for each School Listing	Circle Last Year Completed	Type of Course or Major	Graduated	Degree Received
High School		9 10 11 12		Y__ N__	
College/University		1 2 3 4		Y__ N__	
Graduated School		1 2 3 4		Y__ N__	
Other Training/ Education		1 2 3 4		Y__ N__	

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

*"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you. I understand that the first 120 days of my employment is a probationary period and that during that time my performance and suitability for the job are appraised. During this period, I may be terminated without notice, after facts warrant it."*

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

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

Interviewer : \_\_\_\_\_

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