

EMPLOYMENT HISTORY

Present or Most Recent Employer: Dates: From ___/___/___ to ___/___/___ May we contact for reference? Yes No

Company Name: _____ Phone: (____) _____ Salary: _____

Full Address: _____ Supervisor: _____ Shift: _____

_____ Job Title/Duties: _____

Department: _____

No. of Hours Worked per week: _____ Reason for leaving: _____

Present or Most Recent Employer: Dates: From ___/___/___ to ___/___/___ May we contact for reference? Yes No

Company Name: _____ Phone: (____) _____ Salary: _____

Full Address: _____ Supervisor: _____ Shift: _____

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Company Name: _____ Phone: (____) _____ Salary: _____

Full Address: _____ Supervisor: _____ Shift: _____

_____ Job Title/Duties: _____

Department: _____

No. of Hours Worked per week: _____ Reason for leaving: _____

BUSINESS/PROFESSIONAL REFERENCES

NAME	WORKING RELATIONSHIP	
ADDRESS	How Long Known?	Phone Number
NAME	WORKING RELATIONSHIP	
ADDRESS	How Long Known?	Phone Number
NAME	WORKING RELATIONSHIP	
ADDRESS	How Long Known?	Phone Number

PERSONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

EDUCATION

NAME AND ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA, DEGREE OR COURSE OF STUDY
High School	1 2 3 4	Yes ____ No ____	
Vocational/Technical	1 2 3 4	Yes ____ No ____	
College University	1 2 3 4	Yes ____ No ____	
Other (Including Military)			

What prompted you to apply at Woodland Village? Newspaper Referral - Name: _____
 Website: Other: _____

I consent to any medical examination required by the Nursing Home at any time to determine my ability to perform the duties of my job or other jobs with the Nursing Home. I understand any offer of employment is conditioned upon satisfactorily passing a physical examination and criminal background check. I also understand that the Nursing Home has no-smoking and drug-free environment policies which I agree to comply with.

I understand and acknowledge that if employed, my employment will be at will, which means that either I or the employer may terminate employment at any time and for any reason with or without notice. I also understand that no one has any authority to enter into any agreement contrary to the preceding sentence except for a written agreement signed by the President/CEO and notarized.

I hereby affirm that the information contained in this application (and resume, if any) is accurate and complete and I understand that any false or misleading information or omissions will disqualify me from employment consideration or if hired, result in termination of employment, regardless of when discovered.

I hereby authorize Woodland Village to (1) investigate all statements contained in this application; (2) contact my former employers and other listed references or any other persons who can provide information relative to my employment consideration; (3) contact any persons or entities regarding my employment application; (4) and make any other inquiries that the employer deems relevant in arriving at a decision regarding my application for employment. I consent to any contacted person, including former employers to provide information about me and I covenant not to sue any such person for information provided about me.

Signature of Applicant

Other names used (i.e. maiden)

Date

MISSION STATEMENT

Our mission, as we serve the elders, is to minister to the needs of the individual, including spiritual, social, physical and emotional in a positive home-like atmosphere. Our elders will continue to live their lives with purpose. We will work diligently to create an atmosphere filled with loving relationships between staff, family and elders bridging any generational gap that may have occurred. We offer independence and purpose. This is what is needed in all mankind to flourish.

WISCONSIN CAREGIVER ACKNOWLEDGEMENT

If currently employed by Woodland Village or should I become an employee of Woodland Village, I agree to comply with the Wisconsin caregiver requirements of Chapter HFS 12 Administrative Code.

I _____ agree to notify Woodland Village's Administrator, Director of Nursing or Human Resource Director as soon as possible, but not later than my next working day, if I have been convicted of any crime or am currently being investigated by any governmental agency for any other act, offense or omission, including an investigation related to the abuse or neglect of, or threat of abuse or neglect to a child.

Employee's/Applicant's Signature

Date

Employment Reference Form

Woodland Village Nursing Centers



Applicant:

I, _____, hereby consent to and authorize Woodland Village to contact former employers and other references that can provide information relative to employment and make any other inquiries that the employer deems relevant in arriving at a decision regarding my application for employment. I hereby consent to and authorize the below-named employer to release the information requested within this form and I hereby hold harmless and release said employer from any liability in furnishing any information.

Applicant Signature: _____ Date _____

Former Employer: *(to be filled out by former employer)*

To: _____ Attn: _____

Re: _____

Employed From: _____ To: _____

The person named above, who has applied to this company for employment, stated that he/she was in your employ during the dates above. Please furnish the information requested below. All information will be held in strict confidence and not divulged to the applicant. Your return will be greatly appreciated. Thank you.

Are the above dates correct? _____

Position _____

Reason for separation _____

Eligible for rehire? _____

Attendance issues? _____

Acceptable work quality? _____

Individual ever associated with abuse? _____

Comments: _____

Signature & Title _____ Date: _____

Please fax back to: 920-842-2176 Attn: Steve Tadisch, HR

Voluntary Self-Identification Form

To All Applicants:

Woodland Village Nursing Centers has adopted a diversity initiative with regard to employment opportunities for qualified individuals. Please assist us in implementing this initiative by providing the information requested below.

Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide will only be used for equal employment/affirmative action recordkeeping and reporting required by law. The information you provide is also confidential.

Name _____

Position(s) applied for _____

How were you referred to us? _____

Please check one **Female** **Male**

Please check one. If you belong to more than one group, select the one most appropriate (see federal government definitions below):

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Hispanic or Latino

Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

American Indian or Alaskan Native (not Hispanic or Latino)

Two or more races (not Hispanic or Latino)

Signature _____ **Date** _____

Thank you for your cooperation

Federal Government Definitions

White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North America.

Black or African American (not Hispanic or Latino): A person having origins in any of the black racial groups in Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or other Pacific Islander (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino): A person having origins in any of the peoples of the Far East, South East Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or more races (not Hispanic or Latino): A person having who identify with more than one of the above six races.

Voluntary Self-Identification Form - Disabled and Veteran

To All Applicants:

Woodland Village Nursing Centers has adopted a diversity initiative with regard to employment opportunities for qualified individuals. Please assist us in implementing this initiative by providing the information requested below.

Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide will only be used for equal employment/affirmative action recordkeeping and reporting required by law. The information you provide is also confidential.

Name _____

Position(s) applied for _____

How were you referred to us? _____

Please check one Female Male

Recently Disabled Veteran: A recently separated veteran includes veterans during the three year period beginning on the date of their discharge or release from active duty.

Are you a recently separated veteran? Yes No

Armed Forces Service Medal Veteran: Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. Military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).

Are you an armed forces service medal veteran? Yes No

Campaign Veteran: A campaign veteran is a veteran, who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

Are you a campaign veteran? Yes No

Disabled Veteran: A disabled veteran means (1) are entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or (2) were discharged or released from active duty because of a service connected disability.

Are you a disabled veteran? Yes No

If you have self-identified as a veteran, please provide discharge date: _____

Disabled Individual: A disabled individual means any person who (1) has a physical or mental impairment that substantially limits one or more major life activity; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Are you a disabled individual? Yes No

Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the essential duties of your current position? Yes No

If YES, please explain:

Are there any accommodations we could make that would enable you to perform the job properly and safely? Yes No

If YES, please explain:

Signature _____ Date _____

Thank you for your cooperation
