



501 Madison Avenue  
Niagara, Wisconsin 54151  
715-251-3172

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WHERE AMAZING THINGS HAPPEN ONE STEP AT A TIME

**EMPLOYMENT APPLICATION**

Please read before completing this application and answer all questions as clearly as you can. Please keep in mind that none of the questions are intended to imply any limitations, preferences or discrimination based on any non job related information. By completing this application, there is no assurance of employment. However, if a suitable opening occurs, this application may receive due consideration. Use of this form does not indicate there are positions available.

\*\*\*\*\*

NAME: \_\_\_\_\_  
Last First Middle

DATE: \_\_\_\_\_ Position Desired: \_\_\_\_\_

How did you learn of this opening (circle all that apply):

Ad - Posted notice - word of mouth - other (please specify) \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

1. Have you ever provided voluntary services at Maryhill Manor, Inc.?  yes  no  
If yes, when and what type of activities \_\_\_\_\_
2. Have you ever filed an employment application with Maryhill Manor, Inc. before?  
 yes  no If yes, approximately what date(s) \_\_\_\_\_
3. Have you ever been employed with Maryhill Manor, Inc. before?  yes  no  
If yes, what dates \_\_\_\_\_ What Department? \_\_\_\_\_
4. When are you willing and available to work? (check all that apply)  
 full time                       day shift                       weekends  
 part time                       evening shift                       rotating shifts  
 on call                       night shift                       holidays
5. Are you authorized to work in the U.S.A. in the position for which you are applying:  
 yes  no If hired you will be required to establish both your identity and your employment eligibility by providing your driver's license, original social security card or other acceptable document as required by the I.N.S. (Immigration and Naturalization Service) as a condition of employment.
6. Are you 18 years of age or older:  yes  no If no, how old are you? \_\_\_\_\_

**EDUCATION**

	HIGH SCHOOL	COLLEGE OR UNIVERSITY	GRADUATE SCHOOL	TRADE OR TECH. SCHOOL
SCHOOL NAME AND LOCATION				
DATES ATTENDED				
YEARS COMPLETED	9 10 11 12	1 2 3 4	1 2 3	1 2 3 4
DIPLOMA / DEGREE				
DESCRIBE COURSE OF STUDY				

Specialized Courses or Training: \_\_\_\_\_

Indicate skills and knowledge:

Typing                       WPM                       Computer / Word processing  
 Medical Terminology                       Other \_\_\_\_\_

List any professional, trade, business or civic activities and offices held and any volunteer activity that may relate to the position for which you are applying. (You may exclude membership which would reveal race, color, sex, religion, national origin, disability, age or other lawfully protected status.)

**REFERENCES**

Please list three (3) references who are knowledgeable about your work capabilities, excluding relatives or former employers.

NAME	ADDRESS	TELEPHONE
TITLE		
NAME	ADDRESS	TELEPHONE
TITLE		
NAME	ADDRESS	TELEPHONE
TITLE		

**NON DISCRIMINATION STATEMENT**

It is the policy of Maryhill Manor, Inc. to comply with all laws and regulations concerning Equal Opportunity and Fair Employment Practices. We consider all applicants for employment without regard to age, race, religion, creed, color, disability, marital status, gender, national origin, ancestry, sexual orientation or any other unlawful basis.

**EMPLOYMENT HISTORY**

List all past employment starting with your present or most recent job. Include any job related military assignments. If more space is needed, please use a separate page. You may exclude organizations which indicate race, color, sex, religion, national origin, disability, age of any other lawfully protected class.

Are you presently employed?     yes     no

    If yes, may we contact employer?     yes     no

Date available for work here: \_\_\_\_\_

POSITION TITLE	YOUR NAME IF DIFFERENT	COMPANY NAME
ADDRESS		PHONE
DATES (Mo, Yr) FROM	TO	TYPE OF BUSINESS
SALARY STARTING	ENDING	SUPERVISOR NAME/TITLE
NO. OF HOURS WORKED WEEKLY		REASON FOR LEAVING
DUTIES AND ACCOMPLISHMENTS		

POSITION TITLE	YOUR NAME IF DIFFERENT	COMPANY NAME
ADDRESS		PHONE
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SALARY STARTING	ENDING	SUPERVISOR NAME/TITLE
NO. OF HOURS WORKED WEEKLY		REASON FOR LEAVING
DUTIES AND ACCOMPLISHMENTS		

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DATES (Mo, Yr) FROM	TO	TYPE OF BUSINESS
SALARY STARTING	ENDING	SUPERVISOR NAME/TITLE
NO. OF HOURS WORKED WEEKLY		REASON FOR LEAVING
DUTIES AND ACCOMPLISHMENTS		

**CONSENT FORM**

I UNDERSTAND AND AGREE THAT:

1. Any falsification, misrepresentation or omission of fact in my application may be sufficient grounds for disqualification from further consideration for hire or immediate discharge if employed.
2. I authorize Maryhill Manor, Inc. to verify information contained in this application and to investigate my personal or employment history. In consideration of Maryhill Manor's review of this application, I release Maryhill Manor and all providers of information from any liability as a result of furnishing or receiving this information.
3. My employment may be terminated by Maryhill Manor, Inc. at any time with or without cause and they can change wages, benefits, policies and conditions as needed, except as provided in an applicable collective bargaining agreement. No one other than the CEO has the authority to alter orally or in writing the employee's at will status of employment.
4. Although management makes every effort to accommodate individual preferences, service needs may at times make the following conditions a requirement of continued employment: overtime, shift rotation, varied work schedule or a schedule different than the one for which I am being considered. I agree to work these variations as conditions indicate.
5. In consideration of my employment, I agree to conform to the policies, procedures, practices and rules of this organization. I understand that this employment application and other organization documents, other than any collective bargaining agreement are not contracts of employment.
6. I have read and understand the statements above.

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

**\*\* DO NOT WRITE BELOW THIS LINE \*\***

\* \* \* \* \*

FOR ORGANIZATIONAL USE ONLY - TO BE COMPLETED BY THE HIRING INDIVIDUAL

Name of employee: \_\_\_\_\_ Department: \_\_\_\_\_

Position \_\_\_\_\_ Shift \_\_\_\_\_

Starting Date \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Employment Status:  full time  regular part time  irregular part time  
 casual/call-in  casual/temporary job

Date job offered \_\_\_\_\_ Date accepted \_\_\_\_\_

Shift \_\_\_\_\_ Number of regularly scheduled hrs/week \_\_\_\_\_

Professional License No. \_\_\_\_\_

For employees who have worked as a Nursing Assistant on or after 4-1-92, the State Nurse Aide Registry must be checked to verify listing and as a resource (record) of indicated abuse, neglect, mistreatment of residents or misappropriation of their property.

Date Registry Checked \_\_\_\_\_ By Whom \_\_\_\_\_

Is person on Registry?  yes  no

Is person listed on registry as having such a record?  yes  no

If yes, the person with such a record may not legally work at Maryhill Manor, Inc.

APPROVED: \_\_\_\_\_

Hiring Manager

\_\_\_\_\_

President/CEO

