



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 (check all that apply): Radio Ad Newspaper Ad
Posted Notice Word of Mouth Facebook Other: _____

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				
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		

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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

