

To prospective employment applicants:

We appreciate your considering a career at Evansville Manor. However, please note that in order to provide for the health, safety, and welfare of our residents, in addition to the health and communicable disease screening requirements, and caregiver background checks, all employees must agree to seasonal influenza vaccination as a condition of employment.

Also, for the reasons noted above, and because of on premises oxygen use, smoking, the use of tobacco products, or any open flames is not permitted on Evansville Manor property, including outside the building.

We want to insure your understanding and cooperation in the above and look forward to your becoming one of our valued employees.

# Application For Employment

**Evansville Manor**, 470 Garfield Avenue, Evansville, WI 53536

**The Heights of Evansville Manor**, 201 N. Fourth Street, Evansville, WI 53536

Last Name	First Name	Middle Name
Address		
City	State	Zip
Telephone Number & Provider		Email Address

**Position Applying For** \_\_\_\_\_

## PERSONAL DATA

Date of Birth	Personal Physician
In Case of Emergency Notify	Relationship
Address	Phone

## EDUCATION

Name of Last School Attended	Highest Grade Completed
Vocational or Trade Training	

## OTHER DATA

Date you can start work _____	Were you formerly employed here _____	When _____
Shift preferred: _____ Day	_____ Evening	_____ Night
_____ Full Time	_____ Part Time	_____ On-Call
Are you related to anyone employed here? _____ If yes, whom? _____		

## APPLICANT'S STATEMENT

*I understand that any employment by this company will be on a 90-day probationary basis. If employed by Evansville Manor, I agree to abide by its rules and regulations. The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize the company to contact any and/or all my references for full information and understand that a caregiver background check is a requirement. I agree to take a physical examination and TB skin test, at the request of the company and at no personal expense to me, and agree that the examining physician/physician assistant may disclose the findings to the company or any authorized agent of the company. I also agree to a seasonal influenza vaccination.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Employer	Dates Employed From/To	Work Performed
Address		
Telephone Number(s)		
Job Title/Supervisor	Hourly Rate/Salary Starting/Final	
Reason for Leaving		

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Address		
Telephone Number(s)		
Job Title/Supervisor	Hourly Rate/Salary Starting/Final	
Reason for Leaving		

## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

May we contact your present employer at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Federal and state law prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability, or handicap.*

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**Applicant – Please do not write in space below**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date to start work \_\_\_\_\_ Department \_\_\_\_\_

Rate \_\_\_\_\_ Signed \_\_\_\_\_