



APPLICATION FOR EMPLOYMENT

10214 Rock Creek Road
PO BOX 1390
Hayward, WI 54843

Aspen Acres Assisted Living, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Please Print

PERSONAL:

Date: _____

Name: _____
Last First Middle Name

Address City State Zip Code

Email Address: _____

Cell Phone #: _____ Home #: _____

Position desired: _____

When would you be available to begin work? _____

This position requires both day, night, and weekend shifts. Would you be available to work these shifts (with flexibility)?
____ Yes ____ No If No, explain: _____

Are you legally eligible for employment in the United States? ____ Yes ____ No

*If offered employment, you will be required to provide documentation to verify eligibility.

Do you have a valid driver's license? ____ Yes ____ No

EDUCATION:

Please indicate highest level of education and any additional training(s): _____

EMPLOYMENT: List most current employer first, including U.S. Military Service.

Employer: _____

Position: _____

Dates of Employment: From _____ To _____ Number of Hours Worked per Week: _____
 Mo/Yr Mo/Yr

Salary/Pay per Hour: _____ Full Time/Part Time: _____

Duties: _____

Supervisor: _____ Telephone: _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No

Employer: _____

Position: _____

Dates of Employment: From _____ To _____ Number of Hours Worked per Week: _____
 Mo/Yr Mo/Yr

Salary/Pay per Hour: _____ Full Time/Part Time: _____

Duties: _____

Supervisor: _____ Telephone: _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No

Employer: _____

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Dates of Employment: From _____ To _____ Number of Hours Worked per Week: _____
 Mo/Yr Mo/Yr

Salary/Pay per Hour: _____ Full Time/Part Time: _____

Duties: _____

Supervisor: _____ Telephone: _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No

REFERENCES: Give the names of three persons not related to you.

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

Relationship: _____ Years Acquainted: _____

REFERRAL:

May we thank anyone for referring you to us? _____ Yes _____ No

If yes, who: _____

RECORD OF CONVICTION:

Were you ever convicted of a crime other than minor traffic offense? _____ Yes _____ No

If yes, explain: _____

This application for employment will be kept on file for one year. Consideration for employment after this year requires a new application.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Aspen Acres Assisted Living, LLC and Aspen Communities, LLC to verify accuracy. I hereby release Aspen Acres Assisted Living, LLC and Aspen Communities, LLC from result of obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of Aspen Acres Assisted Living, LLC and Aspen Communities, LLC. However, I further understand that neither the policies, rules, and regulations of employment or anything said during the interview

process shall be deemed to constitute the terms of offer for an indefinite duration and at will and that either I or Aspen Acres Assisted Living, LLC or Aspen Communities, LLC may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

(for official use only; not to be released to unauthorized persons)

I, (print full name) _____, hereby empower an employee of Aspen Acres Assisted Living, LLC or Aspen Communities, LLC to obtain information, documents and/or records pertaining to me from any and all of the following sources:

1. Department of Health Services Background Information Disclosure
2. Municipal, State or Federal law enforcement agencies
3. Civil or Criminal Courts or any repository maintaining arrest or conviction records
4. Selective Service System
5. Military Service
6. Any banking institution
7. Any place of business (for purposes of obtaining credit or employment data)
8. Credit rating bureaus or institutions maintaining individual credit rating files
9. Any previous employer
10. Present employer
11. Any school, college, university or other
12. Persons who may serve as character references
13. Any social media or networking site

I hereby release any Municipal, State or Federal law enforcement agency, individual or institution, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above unless the request is subsequent to a conditional offer of employment as per the Americans with Disabilities Act.
2. _____
3. _____

This authorization is valid for one year from the date listed below.

Signature: _____ Date: ____/____/____

Date of Birth: ____/____/____ (Required for Department of Health Services Background Information Disclosure)

Address: _____

City: _____ State: _____ Zip: _____

Witness: _____