



# SCHMITT WOODLAND HILLS

## Retirement Community

Independent Apartments • Assisted Living • Skilled Nursing • House Calls

1400 West Seminary Street • Richland Center, Wisconsin 53581

Telephone 608-647-8931 • contact@swhills.com • www.SchmittWoodlandHills.com

### Employment Application

*This Company does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, gender, age, disability, marital status, veteran or any other legally protected status.*

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Previous Names Used: \_\_\_\_\_  
*To assist in checking your work, school or other records, please indicate if you have been known by any other names*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

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

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you over 17 years of age?  Yes  No  
If No, can you furnish a work permit upon hire?  Yes  No

Position Applied for: \_\_\_\_\_  
**Are you seeking**  Full Time  Part Time  
**Are you able to rotate shifts, if applicable?**  Yes  No  
**Shift desired?**  Day  Eve  Night  Any

What other positions would you consider? \_\_\_\_\_

Have you ever filed an application with us? YES NO  
  If Yes, when? \_\_\_\_\_

Registry or Professional License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you a citizen of the United States? YES NO  
  If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO  
  If yes, when? \_\_\_\_\_

Do you have any convictions within the last seven years? YES NO  
   
If yes, explain: \_\_\_\_\_

The existence of any convictions does not institute an automatic bar to employment and will be considered only if the nature of such conviction bears direct and substantial relationship to the position applied for.

**Special Skills, Qualifications, Certifications**

Summarize special skills, qualifications, and certifications acquired from employment or other experience

\_\_\_\_\_  
\_\_\_\_\_

Are there any limitations that would prevent you from performing ALL duties of the job for which you are applying?

Yes  No

If yes, what accommodations could be made: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Previous Employment**

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

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

SCHMITT WOODLAND HILLS EMPLOYMENT APPLICATION

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

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge and I have not withheld any fact.*

*I authorize investigation of all statements contained in this application and further authorize my former employers, government agencies, schools, and personal references to provide any information they have regarding me. I hereby release all employers, government agencies, schools and references from any liability for providing information concerning me.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release and that my employment here is contingent upon a physical exam, background check.*

*I agree to conform to the rules and regulations of my employer and that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either my employer or myself. I understand that no company representative other than the Executive Director has any authority to enter into any agreement for any specified period of time, or make any agreement contrary to the foregoing.*

*I hereby acknowledge that I have read or had read to me and understand the above statements.*

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