



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

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: _____

SCHMITT WOODLAND HILLS EMPLOYMENT APPLICATION

The following additional information is to be filled out for applicants applying for House Calls positions:

HOUSE CALLS

Provider Availability Form

Full Name: _____ Date: _____
Last First M.I.

Daytime Phone #: _____ Evening Phone #: _____

Best time to reach you: _____

Please indicate the days and hours you would be available to work:

Table with 2 columns and 4 rows: Monday, Tuesday, Wednesday, Thursday; Friday, Saturday, Sunday.

Would you be able to do overnight stays with clients?
If yes, how many hours per week: _____

YES NO
[] []

Do you have a reliable vehicle? _____

YES NO
[] []

Do you have a valid driver's license? _____

YES NO
[] []

Are you willing to transport clients on errands or to appointments? _____

YES NO
[] []

If yes, do you feel you have adequate automobile insurance coverage to cover yourself and a client in the event of an accident? _____

YES NO
[] []

Which towns are nearest your home?
How far are you willing to travel to care for a client?

Are you interested in doing heavy cleaning care for a client? YES NO
[] []

How many hours per two week pay period do you wish to work?
Describe any previous experience you have relevant to supportive home assistance:
Other Comments: