

DO NOT WRITE IN THIS SPACE

Department _____ Position Title _____

Employment Classification : _____ Full-Time _____
 Part – Time _____ Occ. _____ Temp.

Starting Date _____ Supervisor _____

Hourly Rate _____ Hours Per Pay Period _____ F.T.E. _____

Acceptance Date _____ I9 Completed _____ Date of Birth _____

Who Can We Contact in Case of Emergency:

1) _____ Telephone # _____

2) _____ Telephone # _____

Interviewed By: _____

Date Interviewed _____

Check References: _____ Yes _____ No _____ Date Referenced _____ By _____

Remarks:

APPLICATION FOR EMPLOYMENT



1500 O'Day St
 Merrill WI 54452
 715-536-5575

PLEASE PRINT

DATE _____

PERSONAL:

Name (First, Middle, Last)	Are You Under 18? Yes _____ No _____
	If Yes, Date of Birth _____
Address (Street, City, State, Zip)	Social Security Number
Telephone Number ()	Telephone Number(s) Where We Can Reach You During the Day
How Did You Learn Of Bell Tower Residence? (Be Specific)	

GENERAL:

Position(s) Applied For	Date Available For Work	
Applying For _____ Full-Time _____ Occasional _____ Part-Time _____ Temporary	What Shift(s) Will You Work? _____ Days _____ Nights _____ Weekends _____ PMs _____ Rotating _____ Holidays	Wage or Salary Requirements

SKILLS:

All Applicants – Please list any experiences, skills and qualifications which may relate to the job you are applying for (excluding the information listed on the following page and any reference to religious, ethnic or racial affiliations).

ALL CURRENT PROFESSIONAL LICENSES, ACCREDITATIONS AND/OR CERTIFICATIONS:

Full Title: (Initials) – Number	Issued By This Authority	Expiration Date
Example:Registered Nurse(RN)- #0000	State of Wisconsin	10/01

C.P.R Certification _____ Yes _____ No

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EDUCATION	YEARS ATTENDED	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA, DEGREE OR COURSE OF STUDY
High	From	1 2 3 4	_____ Yes	
	To		_____ No	
Business/Technical	From	1 2 3 4	_____ Yes	
	To		_____ No	
Nursing	From	1 2 3 4	_____ Yes	___LPN ___RN
	To		_____ No	___ADN ___BSN ___Diploma
College	From	1 2 3 4	_____ Yes	
	To		_____ No	
Other (Specify)	From	1 2 3 4	_____ Yes	
	To		_____ No	
Please List Any Academic Honors You Have Received				

WORK HISTORY:

PRESENT OR LAST EMPLOYER	Company Name		Employed From		To
	Address		City	State	Zip Telephone
	Type of Work	Last Salary		___Full-Time ___Part-Time	
	Name of Supervisor	Reason for Leaving		May We Contact For	
NEXT PREVIOUS EMPLOYER	Company Name		Employed From		To
	Address		City	State	Zip Telephone
	Type of Work	Last Salary		___Full-Time ___Part-Time	
	Name of Supervisor	Reason for Leaving		May We Contact For	
NEXT PREVIOUS EMPLOYER	Company Name		Employed From		To
	Address		City	State	Zip Telephone
	Type of Work	Last Salary		___Full-Time ___Part-Time	
	Name of Supervisor	Reason for Leaving		May We Contact For	

AGREEMENT

READ CAREFULLY AND ACKNOWLEDGE BY YOUR WRITTEN SIGNATURE AND TODAY'S DATE

I certify that the facts set forth in this application are true and complete. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of the Bell Tower Residence for their acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications. I hereby further authorize any party having information bearing upon my qualifications for employment to release such information to Bell Tower Residence (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to Bell Tower Residence in good faith and without malice concerning my employment competence, ethics, character and other qualifications, including other privileged or confidential information.

I understand that any false statements on this application shall be sufficient cause for denial of employment or summary dismissal. I also understand that my employment at Bell Tower Residence is contingent upon the satisfactory completion of a physical examination and investigation of my work record and references. I consent to a pre-employment physical examination and such future examinations as may be required by Bell Tower Residence. I further understand that, if employed, I will serve a three-month probationary period from my date of employment and that this employment agreement is not binding for either party for any specific period of time.

Signature of Applicant

Date

RELEASE OF INFORMATION

I hereby authorize Bell Tower Residence to obtain information from my schools/employers for the purpose of determining employment.

Signature of Applicant

Date

****If your education, employment or military records are under a name other than the name above, please indicate below:**

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