



Maple Ridge of Plover • 2831 Maple Drive • Plover, Wisconsin 54467 • 715-341-0909 • Fax 715-341-0297  
 Maple Ridge of Plover Memory Care • 2841 Maple Drive • Plover, Wisconsin 54467 • 715-342-0800 • Fax 715-342-0504

info@tanglewoodassistedliving.org • www.tanglewoodassistedliving.org

## Application for Employment

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone (    )
City, State, Zip			
Position Desired			Social Security # -    -
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe in full: _____ _____ _____			
Hours available per week: _____ Shift Preferred <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> Pay Expected: \$ _____/hour			When will you be available to begin work? _____

EDUCATION

School	Name & Location	Course of Study	Yrs Completed	Degree or Diploma
College				
Business/ Technical				
High School				
Elementary				

Other special training or skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Employment History

Company Name	Telephone ( )
Address	Employed: ( month & year) From: To:
Name of Supervisor:	Weekly pay Start Last
State Job Title and Primary Job Duties: _____ _____	
Reason for Leaving: _____ _____	

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Address	Employed: (month & year) From: To:
Name of Supervisor:	Weekly pay Start Last
State Job Title and Primary Job Duties: _____ _____	
Reason for Leaving: _____ _____	

May we contact the employers listed above?	If no, state reason:
Check one:	_____
YES _____	_____
NO _____	_____

The information provided in this *Application for Employment* is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information for a manner prohibited by the Americans with Disabilities Act (ADA) or other relevant federal and state laws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date