

APPLICATION FOR EMPLOYMENT

TYPE OF WORK DESIRED



1.
2.
3.

Family of Health Care Facilities

As an Equal Opportunity Employer, LindenGrove, Inc. does not discriminate against qualified applicants in hiring, promoting and retaining because of race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, genetics, or military status.

DATE FILED

PERSONAL			
Please Print	LAST NAME	FIRST	INITIAL
ADDRESS	CITY	STATE	ZIP
TELEPHONE	ALTERNATE	ARE YOU <input type="checkbox"/> UNDER 14 YRS. <input type="checkbox"/> 14 TO 15 <input type="checkbox"/> 16 - 17 <input type="checkbox"/> OVER 18	
E-MAIL ADDRESS			

Are you legally able to work in the United States? Yes No

How did you learn about this position?
 Have you ever applied at LindenGrove? Yes No Have you ever been previously employed by LindenGrove? Yes No Which facility? MF NB Wauk Muk
 Have you ever been employed under a different name? If so please list _____

AVAILABILITY			
DATE AVAILABLE	NO. OF HOURS PER WEEK	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON CALL	
SHIFT AVAILABILITY <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> ANY		ARE YOU WILLING TO ROTATE SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any other pertinent facts regarding scheduling or your availability to work that you would voluntarily like to identify?			

EDUCATION			
CIRCLE HIGHEST GRADE COMPLETED			
GRADE SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHOOL 9 10 11 12	OTHER 1 2 3	COLLEGE 1 2 3 4 5 6
NAME AND ADDRESS OF INSTITUTION	COURSE OR MAJOR	HOURS, CREDITS, DEGREE/CERT.	DID YOU GRADUATE
HIGH SCHOOL _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
TECHNICAL OR SPECIAL TRAINING _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Professional Registration: (proof of registration will be requested) Wisconsin Professional Registration no.	If not, interim no.	National Registration no.	
Eligible for Registry (date) (proof of certification will be required)		Expiration date	
MILITARY SERVICE <input type="checkbox"/> Yes <input type="checkbox"/> No	BRANCH OF SERVICE		
List duties in the service including special training			

R-03/16

PRINT NAME

EMPLOYMENT

PRESENT OR MOST RECENT EMPLOYER	NAME OF EMPLOYER		ADDRESS	PHONE	
	YOUR JOB TITLE		TYPE OF WORK YOU DID		
	EMPLOYED FROM MO. _____ YR. _____		REASON FOR LEAVING		
	EMPLOYED TO MO. _____ YR. _____	SALARY		NAME OF SUPERVISOR	
MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO					
INCLUDE ALL PREVIOUS EMPLOYERS LIST MOST RECENT FIRST	NAME OF EMPLOYER		ADDRESS	PHONE	
	YOUR JOB TITLE		TYPE OF WORK YOU DID		
	EMPLOYED FROM MO. _____ YR. _____		REASON FOR LEAVING		
	EMPLOYED TO MO. _____ YR. _____	SALARY		NAME OF SUPERVISOR	
	MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO				
	NAME OF EMPLOYER		ADDRESS	PHONE	
	YOUR JOB TITLE		TYPE OF WORK YOU DID		
	EMPLOYED FROM MO. _____ YR. _____		REASON FOR LEAVING		
	EMPLOYED TO MO. _____ YR. _____	SALARY		NAME OF SUPERVISOR	
	MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO				
	NAME OF EMPLOYER		ADDRESS	PHONE	
	YOUR JOB TITLE		TYPE OF WORK YOU DID		
	EMPLOYED FROM MO. _____ YR. _____		REASON FOR LEAVING		
	EMPLOYED TO MO. _____ YR. _____	SALARY		NAME OF SUPERVISOR	
	MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO				
	NAME OF EMPLOYER		ADDRESS	PHONE	
YOUR JOB TITLE		TYPE OF WORK YOU DID			
EMPLOYED FROM MO. _____ YR. _____		REASON FOR LEAVING			
EMPLOYED TO MO. _____ YR. _____	SALARY		NAME OF SUPERVISOR		
MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME OF EMPLOYER		ADDRESS	PHONE		
YOUR JOB TITLE		TYPE OF WORK YOU DID			
EMPLOYED FROM MO. _____ YR. _____		REASON FOR LEAVING			
EMPLOYED TO MO. _____ YR. _____	SALARY		NAME OF SUPERVISOR		
MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO					

PROFESSIONAL REFERENCES (No personal friends or family)		
1. Name and title	Company	Area code/phone number
Address (street, city, state, zip code)		
Length of time known	Relationship	
2. Name and title	Company	Area code/phone number
Address (street, city, state, zip code)		
Length of time known	Relationship	
3. Name and title	Company	Area code/phone number
Address (street, city, state, zip code)		
Length of time known	Relationship	

EMPLOYMENT AGREEMENT

I certify that the information given herein is complete and accurate to the best of my knowledge. I understand that any false or misleading information given in my application or the withholding of information deemed pertinent by LindenGrove, Inc. will be considered sufficient cause for rejection of this application or discharge if already employed.

I agree to submit to a physical without charge and to periodic assessments, which may include drug testing, during the course of my employment. The successful completion of a pre-placement medical examination is required of all persons who are offered positions at LindenGrove as a condition of employment

I hereby authorize the release of information pertaining to my criminal record to LindenGrove at pre-placement and throughout the duration of my employment. I understand that my employment is contingent on a record free from any criminal conviction, which substantially relates to my activities at LindenGrove.

DATE _____ SIGNATURE _____

FOR LINDENGROVE USE ONLY

DEPARTMENT	STARTING DATE	POSITION BEING FILLED	FTE & SHIFT
SALARY	AGREEMENTS		
\$ _____ PER _____			
DATE	AUTHORIZING SIGNATURE		

ADDITIONAL COMMENTS:

***Authorization and Release
Employment Reference***

I am applying for employment with **LindenGrove, Inc.** I voluntarily and knowingly authorize any former employee, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to LindenGrove, Inc., its officers, employees and agents, or any other person making a written or oral request for such information on LindenGrove's behalf. I understand that the employment information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions and public record information regarding my suitability for employment.

I voluntarily and knowingly agree to fully release and discharge, absolve, indemnify, and hold harmless such former employer, person, firm, corporation or government agency, its officers, employers and agents from any and all claims, liability, demands, causes of action, damages or costs, known or unknown, fixed or contingent, that arise from or that are in any manner connected to your company's disclosure of employment-related information to prospective employers except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts know are untrue. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this authorization may be used by **LindenGrove, Inc.** and shall be as valid as the original.

Candidate's Signature Date

Witness' Signature Date

Candidate's Name (printed)

Other Name Used by Candidate

Candidate's Social Security Number