

ASSISTED LIVING COMMUNITIES BY HILLCREST

APPLICATION FOR EMPLOYMENT

Please check facility you wish to apply: (may check more than one)

- | | | |
|---|---|---------------------|
| <input type="checkbox"/> Allouez Parkside Village # 1 | 1901 Libal Street, Green Bay WI 54301 | Phone: 920-430-8500 |
| <input type="checkbox"/> Birch Creek | 525 N Tenth Street, De Pere WI 54115 | Phone: 920-964-3737 |
| <input type="checkbox"/> Bishop's Court | 289 E St Joseph Street Green Bay WI 54301 | Phone: 920-435-2729 |
| <input type="checkbox"/> Brillion West Haven | 220 Achievement Drive, Brillion WI 54110 | Phone: 920-756-9100 |
| <input type="checkbox"/> Allouez Sunrise Village | 279 E St Joseph Street Green Bay WI 54301 | Phone: 920-430-8660 |
| <input type="checkbox"/> Allouez Parkside Village # 2 | 1901 Libal Street, Green Bay WI 54301 | Phone: 920-432-3322 |

This application is considered current until the position you have applied for has been filled. You must reapply for future openings. Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Please print in ink. You must complete entire application.

Applicant Information

Name (first, middle, last)	Date:
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Address	Day Telephone
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City	State	Zip Code	Evening Telephone
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Provide any FORMER or ALTERNATE NAME(S) such as change of last name, and/or use of assumed last name or nickname in order to locate your employment records.

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum wage requirements for the type of work you are applying for and have obtained a valid work permit.

I am able to perform all duties of the position I am applying for With or Without Accommodations.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No If yes, explain:

1. **Nature of Crime:** _____ 2. **Date of Conviction:** _____ 3. **State in which Convicted:** _____
NOTE: A criminal record does not constitute an automatic barrier to employment. It will be considered only as it relates to the position in question. Federal regulation 483.13 (c) (1) (ii) prohibits health care organizations from hiring staff with a history of abuse of individuals.

Do you have any *pending* criminal charges against you? Yes No If yes, explain:

1. **Nature of Crime:** _____ 2. **Date of Conviction:** _____ 3. **State in which Convicted:** _____

Have you ever applied at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No (Circle all that apply) Date Applied: _____ Birch Creek Bishop's Court APV #1 APV # 2 Brillion West Haven Allouez Sunrise Village	Have you ever worked at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No (Circle all that apply) Date Worked: _____ Birch Creek Bishop's Court APV #1 APV # 2 Brillion West Haven Allouez Sunrise Village
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Position Applying For	Part-Time or Full-Time Desired	Salary Preference	Shift Preference

When can you start?

How were you referred to the Assisted Living Communities by Hillcrest?

Special Skills

If relevant, please describe word processing speed, software knowledge, and office equipment experience.

If relevant, please describe experience using manufacturing machines and equipment.

Education

School	Name and Location (city, state)	No. of Years Attended	Major Subjects	Diploma or Degree Rec'd
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Required License(s)

If required to drive a motor vehicle for the job applying for, state your:

1) driver's license number

2) state issued

Are you licensed with any group, association, or society relating to the job for which you are applying?

Yes No

CNA / LPN License Number	State Issued	Expiration Date

Employment History (start with most recent; use separate sheet if necessary)

Name of Employer	Telephone	
Address		
Job Title	Name of Immediate Supervisor	
Employment Dates (month and year)		
From	To	
Description of Duties		
Salary start	Salary end	Reason for Leaving
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer	Telephone	
Address		
Job Title	Name of Immediate Supervisor	
Employment Dates (month and year)		
From	To	
Description of Duties		
Salary start	Salary end	Reason for Leaving

Name of Employer	Telephone	
Address		
Job Title	Name of Immediate Supervisor	
Employment Dates (month and year)		
From	To	
Description of Duties		
Salary start	Salary end	Reason for Leaving

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name

Day Telephone

Evening Telephone

Address

Relationship

How long known?

Name

Day Telephone

Evening Telephone

Address

Relationship

How long known?

Name

Day Telephone

Evening Telephone

Address

Relationship

How long known?

Name, Address, and Telephone Number of someone other than a household member we can contact in case of emergency: _____

For reference checking purposes only, may your CURRENT supervisory, and/or any references or individuals associated with your CURRENT employer (including Human Resources Department) be contacted? Yes No Specific Comments: _____

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at ALCBH is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or ALCBH, unless specifically provided otherwise in a written employment contract. I further understand that no ALCBH employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer, or official of ALCBH, and then only by means of a signed, written document.

Signed by Applicant _____ Date _____

THANK YOU FOR YOUR INTEREST IN ASSISTED LIVING COMMUNITIES BY HILLCREST! (Revised 07/15)