

EMPLOYMENT HISTORY

Give a complete record of all employment, start with most recent employer (include military service.)

Employment Period				Employer Information	Last Salary, Position and Supervisor	Reason for Leaving
From	To					
Mo	Yr	Mo	Yr	Name	Salary	
				Address	Position	
Telephone ()				City, State, Zip Code	Supervisor	
Mo	Yr	Mo	Yr	Name	Salary	
				Address	Position	
Telephone ()				City, State, Zip Code	Supervisor	
Mo	Yr	Mo	Yr	Name	Salary	
				Address	Position	
Telephone ()				City, State, Zip Code	Supervisor	

May we contact your present employer? Yes _____ No _____

Have you ever been employed at Edgerton Care Center? Yes _____ No _____ If yes, reason for leaving:

Do you have any relatives that work here? Yes _____ No _____ If Yes, who are they? _____
Relationships? _____

PROFESSIONAL REFERENCES

Please list three references whom we may contact.

Name	Address, City, State and Zip Code	Telephone	Occupation

Have you ever been convicted of a misdemeanor or felony? No _____ Yes _____ If yes explain:

APPLICANT AGREEMENT

I understand that if in the judgment of Edgerton Care Center, Edgerton, Wisconsin, any information has been misrepresented, falsified or omitted, any offer of employment may be withdrawn or any employment terminated without obligation or liability on the part of Edgerton Care Center. I understand that my employment at Edgerton Care Center is conditional upon satisfactory completion of a physical examination, drug screen, TB test, Rubella Titre, and Wisconsin Caregiver Background Check. I further understand that Edgerton Care Center operates 24 hours per day, 7 days per week, and that weekend work and/or changes in shift may be required during my employment. If employed, I will adhere to the rules and regulations of Edgerton Care Center as stated in the Personnel Policy Manual. I authorize the businesses, schools, or persons named above to provide any information requested regarding me.

Applicant's Signature _____ Date _____