

Manawa Community Living Center
400 E. 4th Street, Manawa, WI 54949
Phone: (920) 596-2566

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Date of Birth: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____

How did you hear about our opening?

Social Media Ad _____

Newspaper _____

Employee _____

Online Job Board _____

Bulletin Board _____

Other: _____

Employer Section

Please sign allowing HR to speak with references.

Manawa Community Nursing Center
400 E. 4th St., Manawa, WI 54949
(920) 596-2566

Name: _____

The individual named above has applied for a position with MCNC.

Your assistance with the requested information will be helpful in determining this individual's ability to join our staff. Any information received will be greatly appreciated and will be retained in strictest confidence.

1. Dates of Employment: _____ to _____

2. Position held in your employment: _____

	Excellent	Good	Fair	Poor
3. Work attendance and punctuality:	()	()	()	()

4. Quality of work performed:	()	()	()	()
-------------------------------	-----	-----	-----	-----

5. Team work ability:	()	()	()	()
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6. Reason for leaving: _____

7. Would you rehire () YES () NO If not, why? _____

8. Company: _____

9. Signature/Title: _____

10. Upon completion please fax to (920) 596-2588 ATTN: **Business Office Manager**

Comments:

I authorize _____ to release employment information.
(Facility)

Signed: _____

Employer Section

Please sign allowing HR to speak with references.

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