



Oak Run CBRF & Path Ways AFH

www.deerpathassistedliving.com

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Temporary  1st Shift  2nd Shift  3rd Shift

Date available to start work: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you able to meet the attendance requirements?  Yes  No

Do you have any objection to working overtime if necessary?  Yes  No

Can you travel if required by this position?  Yes  No

Can you submit proof of legal employment authorization and identity?  Yes  No

Have you ever been convicted of a crime in the last 7 years?  Yes  No

Are you in the Armed Forces (or a Veteran)?  Yes  No

Please circle your cultural background (this information is voluntary and will be used to assist us in establishing affirmative action goals only): Caucasian African American Hispanic Native American Asian

Employment History

Please provide all employment information for your previous four employers starting with the most recent.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_
Immediate supervisor and title: \_\_\_\_\_
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Full or Part Time: \_\_\_\_\_
Job summary: \_\_\_\_\_
Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

## Employment History Cont'd

Employer: _____	Position held: _____
Address: _____	Telephone #: _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	Full or Part Time: _____
Job summary: _____	
_____	
Salary: _____	Reason for leaving: _____

Employer: _____	Position held: _____
Address: _____	Telephone #: _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	Full or Part Time: _____
Job summary: _____	
_____	
Salary: _____	Reason for leaving: _____

## Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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## Assisted Living Questions

Please note that lack of experience does not bar you from employment. It gives us a better understanding of what type of training you will require.

- Have you ever worked in the assisted living industry?  Yes  No
- Have you ever worked in mental health/AODA field?  Yes  No
- Have you ever worked with adults and challenging behaviors?  Yes  No
- Are you willing to work with challenging behaviors?  Yes  No

Briefly explain why you think you would do well in this field? \_\_\_\_\_

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Do you have any training in the assisted living and/or behavioral health field, e.g. medications, fire safety, etc? If so, please list. \_\_\_\_\_

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## Educational History

List school name, years completed, course of study and any degrees earned.

Highest Year Completed in School: 9 10 11 12 13 14 15 16+	High School Name: _____
Do you have a High-School Diploma/GED/HSED: _____	Date of Graduation: _____

College: _____	Dates attended: _____
Major Field: _____	

Technical Training: _____
Other: _____

## References

List 3 solid references (not to include relatives).

Name: _____
Company Name (if applicable): _____
Address: _____
Phone Number: _____

Name: _____
Company Name (if applicable): _____
Address: _____
Phone Number: _____

Name: _____
Company Name (if applicable): _____
Address: _____
Phone Number: _____

<b>EMERGENCY INFORMATION</b>
In case of emergency, notify: _____
Phone number: _____

**DRIVER RECORD CONSENT**

Wisconsin Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Due to the nature of employment at Deer Path Integrated Living, Inc. and the fact that transporting clients is included in all employees' job descriptions, we must obtain all applicants' driving information for our insurance company.

I do give my permission for Deer Path Integrated Living, Inc. and their insurance company to obtain, release, and deliver all of my driving and motor vehicle records pursuant to the Federal Driver's Privacy Protection Act for consideration and/or continuation of employment. This authorization shall continue in effect until revoked by the applicant or Deer Path Integrated Living, Inc.

Deer Path Integrated Living, Inc. and their insurance company are released from any and all liability that may result from obtaining or furnishing such information.

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

\_\_\_\_\_  
Date

If you can, and if applicable, please list below any driving violations or motor vehicle claims within the last seven years. This will help speed the verification process.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINE PRINT:**

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. Such inquires may include but are not limited to work history and record, character, qualification, records of convictions, medical records, school attendance and grades. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I give this waiver, release and covenant not to sue understanding that the information obtained may be such as to disqualify me from employment. I understand that such information is sought with confidentiality and I will not request copies of such information.

I certify that all statements made on this application are true and complete, accurate and not misleading to the best of my knowledge. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. A copy of this authorization shall be as effective as the original.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the employer, can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

**I authorize investigation of statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_