



Start with current or most recent employer. Indicate any change in job title under the same employers as a separate position. Please include the phone numbers of your employers.

May we contact your previous employers?  Yes  No

_____ Employer			_____ Job Title	_____ Type of Business
_____ Address			_____ Name of Supervisor	_____ Phone Number
_____ City	_____ State	_____ Zip		
From _____	To _____		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Beginning Pay: \$ _____	per _____		Ending Pay: \$ _____	per _____

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

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

_____ Employer			_____ Job Title	_____ Type of Business
_____ Address			_____ Name of Supervisor	_____ Phone Number
_____ City	_____ State	_____ Zip		
From _____	To _____		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Beginning Pay: \$ _____	per _____		Ending Pay: \$ _____	per _____

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

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

_____ Employer			_____ Job Title	_____ Type of Business
_____ Address			_____ Name of Supervisor	_____ Phone Number
_____ City	_____ State	_____ Zip		
From _____	To _____		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Beginning Pay: \$ _____	per _____		Ending Pay: \$ _____	per _____

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

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



# SoSiab Care, Inc.

## Personal Care Agency

<u>Degree</u>	<u>Field of Study</u>	<u>Name and Location of Institution</u>	<u>Did you graduate?</u>
High School _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Associate _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bachelor _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a crime or are there any criminal charges currently pending against you?  Yes  No

**If yes**, please list them. (NOTE: The Company does not discriminate on the basis of convictions or pending criminal charges which do not substantially relate to the circumstances of the job at issue.)

Nature and Dates of Conviction(s): \_\_\_\_\_

### APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the information provided by me on this application, and in any accompanying documents or statements, is true and correct without misrepresentation or omission of any kind. I understand that if any of this information is found to be incorrect, false or misleading, or if there are any misrepresentations or omissions of any kind, I will be disqualified from consideration for employment or, if hired, will be discharged.

I understand that the Company will verify the information provided on this application including education, employment and criminal conviction information. I authorize all persons, employers, schools, organizations and law enforcement agencies to give any information to the Company that they may have regarding me. I hereby release those persons, employers, schools, organizations and law enforcement agencies, and all individuals connected with them, from all liability, including any claim for damages for releasing this information to the Company.

By signing this application, I understand this application is not intended to be a contract of employment. If I am hired, I understand that, absent a written contract signed by the company's President which provides otherwise, either I or the Company may terminate the employment relationship with or without notice or cause.

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

\_\_\_\_\_  
Date

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[www.sosiabcare.com](http://www.sosiabcare.com)

Rev. Jan 2018