## **Badger Wellness Respite Provider Application**

 $Please\ carefully\ read\ and\ answer\ all\ questions.\ Submit\ completed\ applications\ to\ of fice @badgerwellness.org$ 

Organization Badger	Wellness			Pos	ition		Respite Care Provider							
PERSONAL DATA	A													
Name (last, first, middle)								State Zip  clar Telephone Number  ou have a High School Diploma or GED?  Yes No Status: Contracted   Yes No No   No   No   Address/City/State  re applying for (leadership, organizations/teams, etc.)						
Street Address and/or Ma	City				State			Zip						
Home Telephone Number	r		Business Telephone	Numbe	er		Cellular T	elephone	Number	•				
Date you can start work			Salary Desired				Do you ha	Do you have a High School Diploma or GED?  Yes □ No □				)?		
POSITION INFO	RMATIO	N Check all that	you are willing to work											
					onal Daytime Evenings term Overnights				Status: Contracted					
Are you authorized to wo	ork in the U.S	on an unrestricted	basis?					Yes	s 🗌	No				
Do you consent to Badge	er Wellness s	ubmitting a caregive	er background check?					Status: Contracted  Yes No Status: No						
Do you have prior experi		pite care provider?												
<b>QUALIFICATIONS</b> Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.														
		School Name			Degree		Address/City/State							
School														
School														
Other														
SPECIAL SKILLS	List any sp	ecial skills or experi	ence that you feel woul	ld help	you in the po	sition that	t you are app	lying for	(leadership,	organiz	ations	s/teams, etc.		
<b>REFERENCES</b> Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.														
Name	Name			Address/City/State				Pho	one	Relationship				

WORK HISTORY Start with your present or most recent employ	ment and work b	ack. Use separate sheet if necessary.	(INCLUDE PAID AND UNPAID POSITIONS)			
Job Title #1	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:	<u> </u>					
December 1 and a second		Charting Callery	Ending Colons			
Reason for Leaving		Starting Salary	Ending Salary			
May we contact your present employer?	Yes	No N/A				
Job Title #2	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Passan for Laguing		Starting Salary	Ending Salary			
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #3	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #4	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
I certify that the facts set forth in this Application for Ememployed, false statements, omissions or misrepresentations may reset forth in this application and release the Employer from any liab I acknowledge and understand that the company is an "a employee) may resign at any time, just as the employer may terminor without notice to the other party.	esult in my disr fility. The emple t will" employe	missal. I authorize the Employer loyer may contact any listed refe r. Therefore, any employee (reg	to make an investigation of any of the facts rences on this application. ular, temporary, or other type of category			
Applicant Signature		Date				