

APPLICATION FOR EMPLOYMENT

HR USE ONLY



Cedar Dunes Willowbrook, LLC

205 Green Bay Road

Thiensville, WI 53092

Interview Date _____
Employee ID# _____
Badge # _____
Location _____
Start Date _____

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

Documents Received:
 Resume
 Reference Checks
 Background Check
 Payroll/Status Change Notice
 Preemployment Drug Test

Date _____

Name _____
First Middle Last

Present address _____
No. Street City State Zip

Previous address _____
No. Street City State Zip

Telephone Number () _____ Email address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal Who

referred you? _____ Rate of pay expected _____

CRIMINAL CONVICTION HISTORY

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes or No? _____ If so, When? _____
Month/Year Month/Year

Do you have any pending criminal charges against you? Yes or No? _____ If so, please list all that apply: _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1	COMPANY NAME	DATES WORKED		POSITION(S) HELD				
		FROM	TO					
	ADDRESS, CITY, STATE, ZIP							
	PHONE NO. ()	DUTIES / RESPONSIBILITIES						
	TYPE OF BUSINESS							
	NAME OF SUPERVISOR	REASON FOR LEAVING						
	BASE GROSS INCOME \$	STARTING WAGE per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING/CURRENT per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$	WORK HOURS:

2	COMPANY NAME	DATES WORKED		POSITION(S) HELD				
		FROM	TO					
	ADDRESS, CITY, STATE, ZIP							
	PHONE NO. ()	DUTIES / RESPONSIBILITIES						
	TYPE OF BUSINESS							
	NAME OF SUPERVISOR	REASON FOR LEAVING						
	BASE GROSS INCOME \$	STARTING WAGE per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$	WORK HOURS:

3	COMPANY NAME	DATES WORKED		POSITION(S) HELD				
		FROM	TO					
	ADDRESS, CITY, STATE, ZIP							
	PHONE NO. ()	DUTIES / RESPONSIBILITIES						
	TYPE OF BUSINESS							
	NAME OF SUPERVISOR	REASON FOR LEAVING						
	BASE GROSS INCOME \$	STARTING WAGE per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$	WORK HOURS:

4	COMPANY NAME	DATES WORKED		POSITION(S) HELD				
		FROM	TO					
	ADDRESS, CITY, STATE, ZIP							
	PHONE NO. ()	DUTIES / RESPONSIBILITIES						
	TYPE OF BUSINESS							
	NAME OF SUPERVISOR	REASON FOR LEAVING						
	BASE GROSS INCOME \$	STARTING WAGE per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$	WORK HOURS:

WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

SPECIAL SKILLS

Please check the skills for which you have received training:

- Word Processing
 CPR/First Aide
 Medication Administration
- Software Packages: _____
- CNA Certified Date: _____
- Customer Service: _____
- Food Service/Sanitation Certificate: _____
- Other: _____
- _____

APPLICANT MUST READ AND SIGN

I acknowledge the information I have supplied is correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions of fact may be grounds for rejection of my application or for dismissal from subsequent employment.

I understand that consideration for employment is contingent upon the results of a reference and background check. I authorize Willowbrook Place to investigate all statements made on my application and to discuss the results of this information with those responsible for hiring. I further authorize Willowbrook Place to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and the contacted persons to respond to questions pertaining to me. Further, I release from liability such former employer(s) or other persons providing information to Willowbrook Place or its affiliates. I understand that if I make written request to Willowbrook Place or its affiliates, in accordance with the Fair Credit and Reporting Act, I will be provided with a complete disclosure of any additional information obtained through the investigation. I understand that if hired my employment is at-will and may be terminated with or without cause, with or without notice, at any time by Willowbrook Place or me. I also understand that while personnel policies, programs, procedures and benefits may change from time to time, such at-will status is not subject to change absent a written agreement signed by the Company's president.

I agree that photocopies of this release, as signed by the undersigned, may be used as authorization for release of employment and/or medical records to Willowbrook Place or its agents or representatives.

Applicant Signature

Date

**Willowbrook Place
205 Green Bay Road
Thiensville, WI 53092**

Equal Opportunity Employer