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| **Welcome Home Quality Care, LLC**  **APPLICATION FOR EMPLOYMENT** Date: |

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| Last Name | First Name | Middle Name |

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| Present Address (number, street, city, state, zip code) | | | Home Phone |
| E-Mail Address | | | Alternate Phone |
| Social Security No. | Date Available | | Desired Salary |
| Position Applied for | | | |
| Are you a citizen of the United States?   |  |  | | --- | --- | | Yes | No | | | If no, are you authorized to work in the United States?   |  |  | | --- | --- | | Yes | No | | |
| Have you ever been convicted of a crime? If yes, explain   |  |  | | --- | --- | | Yes | No | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What Shift(s) are you available to work?   |  |  |  | | --- | --- | --- | | First | Second | Third | | Rotating | Weekend | Non-Standard | | Types of Employment Preferred (Check more than one box if desired)   |  |  | | --- | --- | | Permanent (Full Time) | Permanent (Part Time) | | Temporary (Full Time) | Temporary (Part Time) | |  |  | |
| What days are you available to work?   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Monday-Friday | Weekends Only | Non-Standard | |  |  |  |  | | Monday | Tuesday | Wednesday | Thursday | | Friday | Saturday | Sunday | | |
| |  |  |  | | --- | --- | --- | | Do you have transportation available? | Yes | No | | Do you have a valid driver’s license | Yes | No | | Are you over age 18? | Yes | No | | Are you a veteran? | Yes | No | | |

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| **EDUCATION AND TRAINING** | | |
| Check the box next to the highest grade or year completed in school:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | Do you have a High School Diploma, HSED, or GED? Yes  No | |
| Highest grade completed in college | |
| Name of School | Dates Attended | | | Course(s) of Study | | Degree / Awards |
| From | To | |
|  |  |  | |  | |  |
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| **CERTIFICATIONS, LICENSES, AWARDS** |
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| **WORK EXPERIENCE** |
| Employer | | | From (Month/Year) | To (Month/Year) | |
| City, State | | | | | |
| Your Title(s) | | Reason for Leaving | | | |
| Your Duties | | | | | |
| May we contact your previous supervisor for a reference?   |  |  | | --- | --- | | Yes | No | | | | | | |
| Employer | | | From (Month/Year) | To (Month/Year) | |
| City, State | | | | | |
| Your Title(s) | | Reason for Leaving | | | |
| Your Duties | | | | | |
| May we contact your previous supervisor for a reference?   |  |  | | --- | --- | | Yes | No | | | | | | |
| Employer | | | From (Month/Year) | | To (Month/Year) |
| City, State | | | | | |
| Your Title(s) | | Reason for Leaving | | | |
| Your Duties | | | | | |
| May we contact your previous supervisor for a reference?   |  |  | | --- | --- | | Yes | No | | | | | | |

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| **SPECIFIC SKILLS** |
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| **PROFESSIONAL REFERENCES** |
| Full Name | | Relationship |
| Company | | Phone |
| Address | | |
| Full Name | | Relationship |
| Company | | Phone |
| Address | | |
| Full Name | | Relationship |
| Company | | Phone |
| Address | | |

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| 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 |

**Applicants may be tested for illegal drugs.**

Please send application to:

Welcome Home Quality Care, LLC

24134 Daniel Johnson Road

Siren, WI 54872