



# Caring Alternatives

Assisted Living for Seniors

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

Name:	Today's Date:	
SSN:	Home #:	Cell #:
Address:		
City:	State:	ZIP Code:
Email Address:	Referred By:	

### EMPLOYMENT DESIRED

Position:	Shift Preference:
Date you can start:	Salary Desired:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when / where?

### EDUCATION HISTORY

Name and Location of School	Years Attended:	Did you Graduate:	Subjects Studied:
Grammar School:			
High School:			
College:			
Other:			

### GENERAL INFORMATION

Please list subjects of special interest, military service or training skills:

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### FORMER EMPLOYERS

Start:	End:	Name & Address:	Salary:	Position:	Reason for Leaving:

# EMPLOYMENT APPLICATION

## REFERENCES

Please list at least 3 people who are not related to you whom you have known for at least one year.

Name:	Phone:	Business:	Years known:

## AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning any previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of applicant:

Date:

Please fill out this application completely and mail, fax or deliver it to one of the following locations:

**Ivy Terrace**  
**6606 S. Crane Drive**  
**Oak Creek, WI 53154**  
**Fax: 414-768-1617**

**South Shore House**  
**6168 S. Swift Avenue**  
**Cudahy, WI 53110**  
**Fax: 414-762-6005**

**Creek Side Manor**  
**8841 S. 13th Street**  
**Oak Creek, WI 53154**

**DO NOT WRITE BELOW THIS LINE**

Remarks:

Neatness:

Character:

Personality:

Ability:

Hired: Location: Position: Start Date: Salary:

