



"WE TOUCH LIVES"

OAKS FAMILY CARE CENTERS

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national religion, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

EMPLOYMENT DESIRED

POSITION: PROGRAM:

Check the following you would consider:

Full Time Part Time Weekends

Desired Start Date: Desired Salary:\$

May we inquire of your present employer? Yes No

How did you learn about Oaks Family Care Centers?

PERSONAL INFORMATION

NAME: Last First Middle

PRESENT ADDRESS:

Street City State Zip

PERMANENT ADDRESS:

Street City State Zip

PHONE: Home Work Cell

Are you 18 years of age or older? Yes No

Can you, after employment, submit a birth certificate or other proof of U.S. Citizenship? Yes No

If not a U.S. Citizen, can you, after employment, submit verification of your legal right to work permanently in the U.S.? Yes No

Have you worked for an employer under a different name? Yes No
If yes, state name:

List any relatives working for Oaks Family Care Centers:

Were you previously employed by Oaks Family Care Centers? Yes No
If yes; Date(s):

Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including federal, state, local, military and tribal courts? (Conviction will not necessarily disqualify an applicant.) Yes No
If yes, explain:

PERSONAL INFORMATION (CONTINUED)

I understand and agree that I may be required to take a health assessment as a condition of hiring or continued employment. I agree to consent to take such an examination at such time designated by the company and to release the company, it's directors, offices, agents, or employees from any claim arising in connection with the use of such an examination. ___Yes ___No

DO YOU HAVE A VALID WISCONSIN DRIVER'S LICENSE? ___Yes ___No

If yes, license number: _____

List any moving violations during the last five years: _____

DO YOU HAVE A CAR AVAILABLE FOR WORK? ___Yes ___No

EDUCATION

| | Name of School | Location | Years Attended | Did you graduate? | Degree |
|---------------------------------|----------------|----------|----------------|-------------------|--------|
| High School | | | | | |
| General Education Diploma (GED) | | | | | |
| College/University | | | | | |
| Trade/Business School | | | | | |

List any other education, training, special skills or certificates/licenses that you possess related to this job: _____

PERSONAL REFERENCES

Name Home Phone # Work Phone #
() - () -

Street Address / City / State / Zip

Name Home Phone # Work Phone #
() - () -

Street Address / City / State / Zip

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related, military service, special assignments, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | |
|--------------------|---|----------------|
| Employer | Dates Employed _____ to _____ Hourly Rate/Salary Starting Final \$ _____ \$ _____ | Work Performed |
| Address | | |
| Telephone | | |
| Job Title | | |
| Supervisor Name | | |
| Reason for Leaving | | |
| | | |

| | | |
|--------------------|---|----------------|
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| Supervisor Name | | |
| Reason for Leaving | | |
| | | |

ADDITIONAL INFORMATION

If you need additional space, please continue on a separate sheet of paper.

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and statements made by me in this application are correct and complete. I understand that any false or misleading information contained in my application or interview(s) may result in my discharge.

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "**at will**" nature, *which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.* It is further understood that this "**at will**" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by rules, policies, regulations and terms and conditions of employment that may include working overtime hours or hours outside a normally defined work day or work week of Oaks Family Care Centers at its discretion. I further understand that no officer or employee of Oaks Family Care Centers has any authority to make oral or written statements, promises or agreements contrary to the foregoing or to enter into any employment arrangement other than "**at will**". I understand and agree that these conditions will continue to apply to my employment through my tenure with Oaks Family Care Centers.

I here by acknowledge that I have read the above statements and understand the same.

Signature of Applicant: _____

Date of Application: _____



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EMPLOYMENT REFERENCE REQUEST

| | |
|--------------------|-------|
| For OFCC Use Only: | |
| PD | _____ |
| Mailed | _____ |
| Telephoned | _____ |
| Received | _____ |

You are hereby authorized to give Oaks Family Care Centers all information regarding my work performance, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.

Name: _____
Applicant's Printed Name

Date: _____

Signed: _____
Applicant's Signature

Position Applied for: _____

Applicant—Please do not write beneath this line

Name: _____

Relationship to applicant: _____

Position Applicant held: _____

Dates of Employment: _____

Final Salary: \$ _____

Reason for termination: _____

PLEASE EVALUATE THE APPLICANT ON THE BASIS OF YOUR EMPLOYMENT EXPERIENCE

| | Below Average | Average | Above Average |
|-------------------------------------|---------------|---------|---------------|
| Job knowledge/Use of skills | | | |
| Honesty & Trustworthiness | | | |
| Use of time/Efficiency | | | |
| Personal Grooming | | | |
| Compliance with Rules/Policies | | | |
| Punctuality | | | |
| Relations with Supervisors/Managers | | | |
| Relations with Co-Workers | | | |

Additional Remarks: _____

Would you re-employ? If no, please explain: _____

Company Name: _____

Date: _____

Address: _____

Signature: _____

Title: _____

Please return promptly to:
Oaks Family Care Centers
1600 Shawano Ave
Suite 201
Green Bay, WI 54303



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