

EMPLOYMENT

APPLICATION

Institution is an Equal Opportunity Provider and Employer





110 Park Drive
Colfax, WI 54730

Employment Application

Colfax Health & Rehabilitation Center is an equal opportunity employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, gender, national origin, ancestry, veteran status, marital status, sexual orientation or the presence of any non-job-related medical condition or disability, or other characteristics protected by law. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. If you need an accommodation to participate in the application process, please contact our Administrator, Jill Gengler at (715) 962-3186.

PLEASE PRINT!

POSITION APPLIED FOR: _____

Date Available to Start _____

Work: _____

—

PERSONAL DATA

Name: _____

Address: _____
Street Address City State Zip

Daytime Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

GENERAL INFORMATION

1. Have you ever applied for a job with this company in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name. _____ Yes No

2. Have you ever been employed by this company in the past? If yes, please give dates of employment, position held, and state your name while employed if different from present name. _____ Yes No

3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? (See attached job description) If no, please explain: _____ Yes No

4. Do you have any commitments to another employer that might affect your availability for employment with our company? (for example, on layoff) If yes, please explain: _____ Yes No

5. If hired, can you furnish proof that you are at least 18 years of age and that you are eligible to work in the United States? If no, please explain: _____ Yes No

6. Do you now, or will you in the future, require Colfax Health & Rehabilitation Center to sponsor an employment visa for your continued employment? __ Yes __ No

7. Have you been convicted of a felony or misdemeanor, or released from prison in the past 10 years? Answering yes does not automatically disqualify you from employment. If yes, please explain 1) the nature of each conviction; 2) date of each conviction; and 3) state and county in which you were convicted. __ Yes __ No

8. Do you have any pending charges against you? We are not seeking any information regarding past arrests that have been dismissed. A yes answer will not automatically disqualify you from employment. It will be considered only as it may relate to the job you are seeking.) If yes, please explain 1) the nature of the pending charge; 2) date of the pending charge; and 3) state and county in which the charge is issued. __ Yes __ No

9. Are you able to perform the tasks listed on the enclosed/attached job description with or without an accommodation? __ Yes __ No

10. If necessary, what accommodation could we make that would allow you to perform the essential functions of the job? __ Yes __ No

__ Yes __ No

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME AND LOCATION OF SCHOOL (CITY & STATE)	DID YOU GRADUATE?	WHAT DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS				

Please provide below any additional information you believe would be of value in considering you for employment. Include and JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, workshops or seminars attended:



Reference Checks

Professional References

1. (Applicant- Fill Out)

Persons Name: _____ Relationship: _____
Phone Number: _____ E-mail: _____

For Administration Use – Followed Up With: _____

COMMENTS:

2. (Applicant- Fill Out)

Persons Name: _____ Relationship: _____
Phone Number: _____ E-mail: _____

For Administration Use – Followed Up With: _____

COMMENTS:

Personal References

1. (Applicant- Fill Out)

Persons Name: _____ Relationship: _____
Phone Number: _____ E-mail: _____

For Administration Use – Followed Up With: _____

COMMENTS:

2. (Applicant- Fill Out)

Persons Name: _____ Relationship: _____
Phone Number: _____ E-mail: _____

For Administration Use – Followed Up With: _____

COMMENTS:

EMPLOYMENT HISTORY - PRESENT & FORMER EMPLOYERS

ATTACH ADDITIONAL SHEET IF NECESSARY • PLEASE COMPLETE EVEN IF A RESUME IS INCLUDED

Present or Last Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

ON NEXT PAGE - Please account for any time you were not employed after leaving school in the past ten years (You need not list any unemployment periods of one month or less).

Time Period(s)

Reason(s) for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please use an additional sheet.

OTHER JOB-RELATED EXPERIENCE: Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects, or in school organizations, or in PTA activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not been listed previously in this application. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.)

**IMPORTANT
PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

Initials

_____ I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information, inaccurate information, or omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by **Colfax Health & Rehabilitation Center** if discovered at a later date. I agree to immediately notify **Colfax Health & Rehabilitation Center** if I should be convicted of or charged with any crime, other than a minor traffic offense, while my job application is pending, or during my period of employment, if hired.

_____ I authorize any person, school, current employer (except as previously noted), past employer(s), government or investigative agencies, and other organizations that may be named in this application form (and accompanying resume, if any) to provide **Colfax Health & Rehabilitation Center** with relevant information and opinion that may be useful to it in making a hiring decision, and I release such persons and organizations from any liability and damage arising from the release of this information.

_____ If offered a job that requires it, I give permission for a drug test and a job-related complete physical examination, and I consent to the release to the Company of any medical information they deem necessary in assessing my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

_____ I understand that, if hired, I may not hold other employment, nor engage in consulting, sales, investments or other activities that may create a conflict of interest with **Colfax Health & Rehabilitation Center**.

_____ I understand that if employed and my employment is terminated by **Colfax Health & Rehabilitation Center** for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

_____ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time. I understand that only the Administrator of **Colfax Health & Rehabilitation Center** is authorized to change any of the terms of employment and that any changes must be specific and in writing.

Signed: _____ Date _____

Print Name: _____

Colfax Health & Rehabilitation Center

Applicant Data Record

For use by government contractors

Applicants are considered for all positions, and employees are treated during employment without regard to protected statuses of race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment. This data is for periodic government reporting and will be kept in a confidential file separate from the Application Form.

Position(s) applied for _____ **Date** _____

1. **Gender – check one:** ___ Male ___ Female

2. **Race/ethnicity – check one:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify)

___ **White (Not of Hispanic origin)**

___ **Black (Not of Hispanic origin)**

___ **Hispanic**

___ **Asian or Pacific Islander**

___ **American Indian or Alaska Native**

3. **Veteran Status:** ___ Non-Veteran ___ Veteran If yes, please check any that apply below:

<input type="checkbox"/> Special Disabled Veteran	<input type="checkbox"/> Veteran of the Vietnam Era	<input type="checkbox"/> Other Eligible Veteran
Defined as a veteran who is entitled to disability under laws administered by the Veterans Administration for a disability rated at 30% or more, or rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.	Defined as a veteran who (a) served on active duty in the Republic of Vietnam between 2/28/61 and 5/7/75 or (b) served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between 8/5/64 and 5/7/75.	Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

4. Please identify where you learned about this employment opportunity with our organization:

___ Newspaper ad

___ Organization Website

___ Social Media

___ Indeed

___ Employee Referral (Employee Name: _____)

___ Temporary service

___ State employment service

___ Other-Please Specify: _____

I certify that the above information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any and all information listed in this application.

SIGNATURE

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW? Y _____ N _____

INTERVIEWER _____ CONTACT DATE _____

DEPARTMENT HEAD

INTERVIEW DATE

EMPLOYMENT?
Y _____ N _____

JOB TITLE AND DEPARTMENT

TRAINING WAGE

PROBATIONARY WAGE

WAGE AFTER 90 DAY REVIEW

DATE OF HIRE
