



Felician Village

2005 Division Street Manitowoc Wisconsin 54220-5652  
T (920) 684-7171 F (920) 684-0240 www.felicianvillage.org

**APPLICATION FOR EMPLOYMENT**

Felician Village is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of Felician Village to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, Felician Village intends to comply fully with all federal and state laws, and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

**PLEASE PRINT PLAINLY. BE SURE TO ANSWER ALL QUESTIONS AND TO SIGN APPLICATION.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number Street City State Zip

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

Have you ever applied for employment with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when (month and year) \_\_\_\_\_

Have you been previously employed by this facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Who referred you to this facility? \_\_\_\_\_ Our Advertisement \_\_\_\_\_ Job Service \_\_\_\_\_ Friend/Relative  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ No One

Names of friends or relatives employed by Felician Village:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Position applied for \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_ If part time, what days and hours are you available? \_\_\_\_\_  
Other \_\_\_\_\_ Date available to start \_\_\_\_\_

**PERSONAL DATA**

Are you a United States citizen or do you have an entry permit that allows you to lawfully work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes,

When: \_\_\_\_\_

Offense: \_\_\_\_\_

(A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.)

Have you ever been convicted of an offense which involved abusing, neglecting, or mistreating individuals?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Name and Location of <u>School</u>	Years <u>Completed</u>	Did you <u>Graduate</u>	Course of <u>Study</u>	<u>Degree</u>
High School _____				
College _____				
Other _____				

**LICENSURE/CERTIFICATION/REGISTRATION**

Type of License/Certification

Registration #

\_\_\_\_\_  
\_\_\_\_\_

List any special skills or qualifications that you feel are relevant to the job for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

What were your duties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you receive any specialized training? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give accurate and completed information. Start with present or most recent employer:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFERENCES**

May we communicate with your present employer? \_\_\_\_ Yes \_\_\_\_ No

List three people (no relatives) you have worked with and whom we may contact for a reference:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Whom do you wish us to notify in case of emergency?

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Name

Address

Phone

**Please read the following statements carefully before you sign your name.**

I HERBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any others sources of information that may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this facility. **I have read, understand, and agree to the above statement.**

Please initial here \_\_\_\_\_

I further understand that no representative of the facility has the authority to enter into any agreement for employment for any specified period of time and that this facility is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this facility. **I have read, understand, and agree to the above statement.**

Please initial here \_\_\_\_\_

If employed, I agree to abide by all of the work and safety rules of the facility. I understand that this facility is committed to maintaining a drug-free workplace. I am aware that the facility may require a drug test as a part of the hiring process. Also, if employed, I realize that the facility may conduct random drug testing and/or reasonable suspicion testing of its employees. **I have read, understand, and agree to the above statement.**

Please initial here \_\_\_\_\_

I understand that this application will remain on file for 90 days for consideration. After 90 days if I am still interested in a position with this facility, it will be necessary for me to complete a new application form.

SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_