

Family and Aging Services, Inc.

7730 Sheridan Road, Kenosha, WI 53143
Telephone: (262) 658-3508 FAX: (262) 658-2263

Social Security No.

Name (Last, First)

Middle Initial

Applicant MUST SIGN last page of application

PRESENT ADDRESS

Address

Apt #

Phone Number

City

State

Zip Code

PREVIOUS ADDRESSES: During the last three years, beginning with most recent.

Address _____ Apt # _____

Address _____ Apt # _____

City, State _____ Zip Code _____

City, State _____ Zip Code _____

EMERGENCY CONTACT

Name (Last, First)

Relationship

Address

Phone Number

City

State

Are you now employed? Yes ___ No ___

When can you begin work? _____

Why are you applying for a job at Kenosha Area Family and Aging Services? _____

Have you ever been convicted of a crime?

Yes No

If yes, give details _____

I am a U.S. Citizen or National of the U.S., an alien lawfully admitted for permanent residence, or an alien authorized to work in the U.S.

Yes No

If you are not a U.S. Citizen:

Type of Visa _____

Registration No. _____

Drivers License Number _____

State Licensed _____

Has any license you ever held been suspended? _____ revoked? _____ when? _____ what state? _____

EDUCATION	NAME OF SCHOOL	ADDRESS-CITY-STATE-ZIP	GRADUATED			COLLEGE MAJOR
			YES/NO	ELC	TYPE OF DEGREE	
HIGH SCHOOL						
COLLEGE						
COLLEGE						
TECHNICAL, BUSINESS OR OTHER.						

Are you attending school? Yes No If yes, # of credit hours? _____ Where? _____

Days: Mon _____ am _____ am _____ pm to _____ pm Tues _____ am _____ am _____ pm to _____ pm Wed _____ am _____ am _____ pm to _____ pm Thu _____ am _____ am _____ pm to _____ pm Fri _____ am _____ am _____ pm to _____ pm

PREVIOUS EMPLOYMENT

List any special job skills you possess: _____ SFC

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A. COMPANY NAME, B. STREET, C. CITY, STATE, ZIP	COMPANY'S TELEPHONE NUMBER	EMPLOYED				POSITION	SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM		TO					
		MO	YR	MO	YR				
1 a.									
1 b.									
1 c.									
2 a.									
2 b.									
2 c.									
3 a.									
3 b.									
3 c.									
4 a.									
4 b.									
4 c.									
5 a.									
5 b.									
5 c.									
6 a.									
6 b.									
6 c.									
7 a.									
7 b.									
7 c.									

*If more space is required, please notify your interviewer.

Are there any employers whom you DO NOT wish us to contact? _____ Have you ever been discharged by a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ / ____ / ____ Give details: _____	Have you collected Unemployment Compensation within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks collected: _____ When? _____ / ____ / ____
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U.S. MILITARY SERVICE

Branch _____ Date of first induction _____ / ____ / ____ Date of last separation _____ / ____ / ____

Specialty _____ Service schools _____

PERSONAL REFERENCES (other than relatives)

NAME	ADDRESS (INCLUDE CITY, STATE, & ZIP CODE)	TELEPHONE NUMBER
		() -
		() -

FOR OFFICE POSITION ONLY

OFFICE EXPERIENCE (Indicate your specific skills and experience)

TYPE OF EXPERIENCE	Yrs.	Mos.	TYPE OF EXPERIENCE	Yrs.	Mos.	TYPE OF EXPERIENCE	Yrs.	Mos.
ACCOUNTS PAYABLE			PAYROLL			TYPING		
ACCOUNTS RECEIVABLE			RECEPTIONIST			WORD PROCESSING		
BILLING			SECRETARIAL			OTHER:		
COLLECTIONS			TELEPHONE SWITCHBOARD OPERATOR			OTHER:		
DATA ENTRY OPERATOR			TELETYPE OPERATOR			OTHER:		

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask before signing.

This Company does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, handicap veteran status or status within any protected group. No questions on this application are intended to secure information to be used for such discrimination.

In completing and signing this application for employment, I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company's service if I am employed. I agree that the Company shall not be liable in any respect if my employment is terminated because of the falsity of statements made by me on this application.

I understand further that information concerning my past record will be sought from my previous employers and other sources and I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information. I understand any such information provided shall become the exclusive property of the Company.

I also understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself or to provide any other benefit. I understand that employment with the Company is an employment-at-will. I agree that if I am employed by the Company, I shall be an employee-at-will, unless different terms are agreed to in writing by an officer of the Company designated by it for that purpose. I also agree that as an employee-at-will I have the right to terminate my employment without cause and without notice at any time and the Company also has this right.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT SIGNATURE _____ Date ____/____/____

FOR COMPANY USE ONLY (To be filled in AFTER applicant is hired.)

Date employed _____ Salary _____ Hourly _____
 Department _____ Job Title _____
 Part-time _____ Full-time _____ Work Schedule _____

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Attention			
Company Name		Name	Social Security Number
Street Address		Employment Dates From ___/___/___ To ___/___/___	Department or Supervisor
City	State	Zip Code	Position Held
			Salary

Are employment dates correct? If not, please supply correct dates
 Yes No From ___/___/___ To ___/___/___

Nature of applicant's work _____

Did applicant take proper care of equipment? Yes No
 Did applicant's position entail paper work? Yes No If yes, was it Complete Accurate Neat

Did applicant have custody of Money Merchandise Valuables
 Were all properly accounted for? Yes No If not, please explain _____

How many personal injuries did applicant have while in your employ? _____
 Was applicant absent Never or Rarely Occasionally Repeatedly

Did applicant collect Worker's Compensation while in your employ? Yes No
 If yes, explain _____

Reason for termination Laid off Resigned Discharged Other
 Please explain _____

Would you re-employ? Yes No
 If not, please explain _____

	Excellent	Good	Fair	Poor		Excellent	Good	Fair	Poor
Honesty	_____	_____	_____	_____	Personal Habits	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	Driving Skills	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	Attitude Toward	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	Company	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	Health	_____	_____	_____	_____

Remarks: _____

For _____
 Name of Company

Date ___/___/___

By _____
 Signature & Title

I have applied to Kenosha Area Family and Aging Services, Inc. for employment and I desire that they be fully advised of my record with former employers. I, therefore, request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Signature of Applicant: _____