



Main Office
2920 Schneider Ave SE
Menomonie, WI 54751

2004 Highland Ave Ste H
Eau Claire, WI 54701

312 W. Knapp St.
Rice Lake, WI 54868

EDUCATION

School Attended	Address	Years Attended	Phone Number

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

PROFESSIONAL LICENSES and/or CERTIFICATIONS

License/Registration #, Organization or State Issued Profession, Date Issued, Expiration Date

Any Restrictions on your License? Yes No

If yes, explain _____

CPR Certified? Yes No First Aid Certified? Yes No

Other Certifications? Yes No

Please list _____

Are you currently on the Nursing Assistant Registry? Yes No

MILITARY

Were you in the Armed Forces? Yes No

If so, what Branch _____ From _____ To _____

GENERAL INFORMATION

If hired, can you provide documentation verifying citizenship or eligibility to work in the U.S.? Yes No

If hired, can you provide proof that you are at least 18 years of age, or if under 18, do you have a permit to work? Yes No

Do you have any commitments to another employer? If yes, please state with whom and explain how they may affect your employment with our facility? Yes No

If Yes, _____



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Have you ever been convicted of or plead guilty to a crime (felony, misdemeanor or other criminal offense, including a civil forfeiture), or are any other criminal charges pending against you? Yes No

If yes, for what, when and where. _____

Conviction of a criminal offense will not necessarily disqualify your employment.

Have you ever been suspended from providing services to Medicare or Medicaid patients/clients? Yes No

If yes, for how long and when, if ever, were you reinstated? _____

PRESENT AND PAST EMPLOYMENT

Describe previous experience as a Personal Care Worker or other experience in the Health Care Field. This may include care unpaid, volunteer time and care provided for family members. (If such experience exists, complete equivalency form. Individuals with no such experience will need to complete competency training) Must be trained in the provision of personal care services with a minimum of 40 hours classroom hours or 6 months full-time experience or 1 year half-time experience.

Employer _____ Supervisor's Name _____
 Address _____ Supervisor's Title _____
 _____ Telephone Number _____
 Your Position _____ May we contact: Yes _____ No _____
 Assignment: Full-time _____ Part-time _____ Reason for Leaving: _____
 Employed from: _____ to _____ Monthly Salary: _____
 Duties of Position: _____

Employer _____ Supervisor's Name _____
 Address _____ Supervisor's Title _____
 _____ Telephone Number _____
 Your Position _____ May we contact: Yes _____ No _____
 Assignment: Full-time _____ Part-time _____ Reason for Leaving: _____
 Employed from: _____ to _____ Monthly Salary: _____
 Duties of Position: _____



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Employed from: _____ to _____	Monthly Salary: _____
Duties of Position: _____	

REFERENCES

List three professional references (non relatives) we may contact.

NAME	ADDRESS, CITY, STATE, ZIP	PHONE NUMBER

EMPLOYMENT UNDERSTANDING

Please read the following statements carefully before you initial each paragraph and sign your name.

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby voluntarily authorize this Facility to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. Further, I release from all liability or responsibility all persons, companies or corporations supplying such information. I voluntarily grant this release to support my application for employment at Center for Independent Living for Western Wisconsin, Inc. and agree to inform the Facility of any special concerns I may have related to information which may be discovered during this investigation in the space below. I further understand that all information and documents acquired by Center for Independent Living for Western Wisconsin will be maintained as confidential by the Facility, and that the Facility will not release such information to me. 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 my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also 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). _____"



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Western Wisconsin

If employed, I agree to abide by all of the work and safety rules of the Facility. If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment. I agree to any and all pre-

placement assessment(s) as may be deemed necessary by Center for Independent Living for Western Wisconsin, and further understand that my employment is contingent upon my completion of the Facility pre-placement assessment. 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 post-accident and reasonable suspicion drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement." (Please initial here). _____

SIGNATURE: _____ DATE: _____