



APPLICATION FOR EMPLOYMENT

As an EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER, HOMETOWN does not discriminate against applicants or employees because of their age, race, color, sexual orientation, religion, national origin, gender or any other basis prohibited by law. Furthermore, HOMETOWN will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by HOMETOWN for the job.

PLEASE TYPE OR PRINT CLEARLY				DATE
NAME (Last) (First) (Middle)			SOCIAL SECURITY NUMBER	
CURRENT ADDRESS (Street)		(City)	(State)	(Zip Code)
HOME PHONE	CELL PHONE	EMAIL		
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, STATE YOUR DATE OF BIRTH			
HOW WERE YOU REFERRED TO HOMETOWN?	<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Company Website <input type="checkbox"/> Job Website <input type="checkbox"/> Internal Posting <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Current Employee: _____			
DO YOU HAVE A VALID WISCONSIN DRIVERS LICENSE? MOST NON-OFFICE POSITIONS REQUIRE A VALID LICENSE. <input type="checkbox"/> NO <input type="checkbox"/> YES:				
STATE ISSUING: _____		DRIVERS LICENSE NUMBER _____		EXP DATE _____
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF OFFERED EMPLOYMENT, ARE YOU WILLING TO TAKE A PHYSICAL EXAM & TB SKIN TEST AT OUR EXPENSE IF THE NATURE OF THE JOB REQUIRES ONE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
To comply with Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first day work day if your employment period will be less than 3 days.				
TYPE OF POSITION DESIRED				
POSITION APPLIED FOR:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM/VISIT <input type="checkbox"/> WEEKENDS <input type="checkbox"/> OTHER		DEPARTMENT <input type="checkbox"/> HOMECARE <input type="checkbox"/> HOSPICE	
DATE AVAILABLE TO START	SALARY EXPECTATION (PER HOUR)		HAVE YOU EVER WORKED FOR HOMETOWN? <input type="checkbox"/> NO <input type="checkbox"/> YES (DATES) TO	
CRIMINAL BACKGROUND INFORMATION				
Disclosure of a criminal record will not necessarily disqualify you for employment unless the conviction is included in the exclusion for employment list as required by the State of Wisconsin. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying. Per Wisconsin Caregiver Background Check requirements we perform criminal record checks. Falsification or omission of this or any other information on this application is grounds for immediate termination or denial of employment. Prospective applicants/employees who have direct patient contact or contact with patient/medical record information will need to complete a Wisconsin Background Information Disclosure (BID) form.				
HAVE YOU EVER BEEN CONVICTED OF, HAD ADJUDICATION WITHHELD, OR PLED GUILT OR NOLO CONTENDER (NO CONTEST) TO A CRIMINAL OFFENSE (MISDEMEANOR OR FELONY) OR ARE YOU UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW?			<input type="checkbox"/> No <input type="checkbox"/> Yes, please give details below	
MILITARY SERVICE RECORD				
HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES?			<input type="checkbox"/> No <input type="checkbox"/> Yes, please give details below	
If YES, please list any special skills or abilities you developed while in Military Service which directly relate to the job for which you are applying:				
DATES	TO	SKILLS:		
PROFESSIONAL CERTIFICATIONS OR LICENSES				
PLEASE LIST ANY CERTIFICATIONS OR LICENSES YOU CURRENTLY POSSESS OR HAVE APPLIED FOR (INCLUDING ALL STATES THAT APPLY):				
TYPE	LICENSE / CERTIFICATION NUMBER	STATE ISSUED	ORIGINAL ISSUE DATE	EXPIRATION DATE

RECORD OF EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS	# YEARS COMPLETED	DEGREE RECEIVED	MAJOR	DID YOU GRADUATE?
High School G.E.D.					YES
					NO
College Undergraduate					YES
					NO
College Graduate					YES
					NO
Technical School / School of Nursing					YES
					NO

OTHER SPECIALIZED TRAINING

EMPLOYMENT HISTORY – START WITH MOST CURRENT

Company Name				Telephone Number	
Address		City	State	Zip	Employment Dates
				FROM	TO
Job Title		Supervisor Name		Name employed under if different	
Description of Duties				Salary Ending	
				\$	per hour annual
Reason for Leaving				May we contact	
				YES	NO
Company Name				Telephone Number	
Address		City	State	Zip	Employment Dates
				FROM	TO
Job Title		Supervisor Name		Name employed under if different	
Description of Duties				Salary Ending	
				\$	per hour annual
Reason for Leaving				May we contact	
				YES	NO
Company Name				Telephone Number	
Address		City	State	Zip	Employment Dates
				FROM	TO
Job Title		Supervisor Name		Name employed under if different	
Description of Duties				Salary Ending	
				\$	per hour annual
Reason for Leaving				May we contact	
				YES	NO

EMPLOYMENT HISTORY – continued

Company Name			Telephone Number
Address	City	State	Zip
Employment Dates			FROM TO
Job Title	Supervisor Name		Name employed under if different
Description of Duties			Salary Ending \$ per hour annual
Reason for Leaving			May we contact YES NO
Company Name			Telephone Number
Address	City	State	Zip
Employment Dates			FROM TO
Job Title	Supervisor Name		Name employed under if different
Description of Duties			Salary Ending \$ per hour annual
Reason for Leaving			May we contact YES NO
Company Name			Telephone Number
Address	City	State	Zip
Employment Dates			FROM TO
Job Title	Supervisor Name		Name employed under if different
Description of Duties			Salary Ending \$ per hour annual
Reason for Leaving			May we contact YES NO

REFERENCES

If you have less than two previous employers, please provide professional or educational references we may contact.
The references should not be family or personal friends.

NAME	PHONE NUMBER	RELATIONSHIP

STATEMENT OF CERTIFICATION (SIGNATURE OF APPLICANT REQUIRED)

This application shall only remain active for 60 days. After 60 days, if you are interested in employment at Hometown, you must fill out a new application.

- I hereby certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.
- I understand that nothing contained in this employment application or in granting of an interview is intended to create an employment contract between Hometown. If an employment relationship is established, I understand that my employment can be terminated, at any time for any reason, with or without cause, at the option of either Hometown or myself.
- In signing this form, I certify that I understand all the questions and statements in this application.
- Further, if granted a position with Hometown, I will comply with Hometown's Business Conduct Policy.

SIGNATURE OF APPLICANT

DATE

--	--



VOLUNTARY EEO IDENTIFICATION

To All Applicants and Employees: To enable us to meet government reporting regulations and maintain an Affirmative Action Plan, Hometown Hospice & Homecare, Inc., requests that you complete this personal data form. **Information will be used solely for government reporting purposes and will be detached and kept separate from your application.** Any information that you choose to provide will not be considered by the Company for employment purposes and will be treated as personal and confidential. Submission of information is voluntary, and failure to provide will not subject you to any adverse treatment. Your cooperation with helping us fulfill this requirement is appreciated.

LAST NAME: _____ FIRST NAME: _____ M.I. _____

GENDER / ETHNIC GROUP

Check One: Male Female I prefer not to answer this question

Check one: Hispanic or Latino Not Hispanic or Latino I prefer not to answer this question

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This does not include persons of Portuguese decent or persons from Central or South America who are not of Spanish origin or culture.

RACE

I prefer not to answer this question.

White (not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa.

Native Hawaiian or other Pacific Islander (not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Island.

Asian (not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino) – a person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.

Two or more races (not Hispanic or Latino) – all persons who identify with more than one of the above five races.

VETERAN STATUS

Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veteran's Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

Disabled Person Vietnam Era Veteran Special Disabled Veteran (30% or more disability)