

Lakeland Care District

Application for Employment

N6654 Rolling Meadows Dr. Fond du Lac, WI 54937

Phone (920) 906-5100 Fax (920) 906-5859

www.lakelandcaredistrict.org

APPLICANT DATA				
Last Name:		First Name:		M.I.:
Date of Application:		Position(s) applied for:		
Which locations are you interested in? (check all that apply) <input type="checkbox"/> Oshkosh <input type="checkbox"/> Fond du Lac <input type="checkbox"/> Manitowoc				
Present Address:				
Street /P.O. Box		City	State	Zip Code
Primary Phone Number: ()		Alternate Phone Number: ()		
Area code		Area code		
Email Address (if applicable):				
GENERAL INFORMATION				
Are you available to work: (check all that apply)			Salary Expected:	
<input type="checkbox"/> Full Time (40 hrs/week) <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary				
What date are you available to work?				
Do you have any commitments in the next 12 months that would interfere with your work schedule? (Freelance work, planned vacations, etc.) If Yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for a job with the Lakeland Care District in the past 12 months? If Yes, please state the date and position for which you applied:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed by the Lakeland Care District before? If Yes, please list employment dates below:				<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, are you able to provide proof that you are 18 years of age, or if under 18, can you provide a permit to work? If No, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, are you able to provide proof that you are eligible to work in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony, or released from prison, in the past ten years? Note: A Yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. If Yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No
EDUCATIONAL DATA				
Name and Location of School	Did you graduate? Yes or No	Degree/Diploma/Certificate	Major Course of Study	
LICENSES/CERTIFICATIONS				
Name/Type of License/Certification	Licensing/Certification Authority or Organization		Expiration Date	

EMPLOYMENT HISTORY

Please provide at least 3 employers AND at least the last 10 years of your employment history.

List Present or Most Recent Employer First – Please complete even if a resume is attached. (Attach additional pages as needed)

Company Name <input type="checkbox"/> Current Employer		Dates of Employment From: _____ To: _____ <small>Month Year Month Year</small> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
City/State		Starting Job Title	Ending Job Title
Phone Number		Starting Salary	Ending Salary
Brief Explanation of Organization		Duties/Responsibilities	
Reason for Leaving			
Supervisor Name	Current Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name <input type="checkbox"/> Current Employer		Dates of Employment From: _____ To: _____ <small>Month Year Month Year</small> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
City/State		Starting Job Title	Ending Job Title
Phone Number		Starting Salary	Ending Salary
Brief Explanation of Organization		Duties/Responsibilities	
Reason for Leaving			
Supervisor Name	Current Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name <input type="checkbox"/> Current Employer		Dates of Employment From: _____ To: _____ <small>Month Year Month Year</small> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
City/State		Starting Job Title	Ending Job Title
Phone Number		Starting Salary	Ending Salary
Brief Explanation of Organization		Duties/Responsibilities	
Reason for Leaving			
Supervisor Name	Current Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate any time following school that you were not employed. You do not need to include time periods of less than one month.

Time Period(s)Reason(s) for Unemployment

ADDITIONAL EXPERIENCES

Please use the space below to document any additional JOB-RELATED experiences (seminars, short courses, workshops, continuing education, community involvement, paid/unpaid activities, etc.) (Note: exclude information which identifies your race, sex, age, religion, national origin, disability, or other non-job-related personal information.)

Please add any additional information that you think may be relevant in a decision to hire you at the Lakeland Care District. (Note: exclude information which identifies your race, sex, age, religion, national origin, disability, or other non-job-related personal information.)

Please use an additional sheet to document any additional employment/educational experiences if needed.

REFERENCES

Please list three business-related individuals that are not former supervisors and are not already listed on this application.

Name	Phone Number	Email Address	Occupation	Relationship to Applicant

PLEASE READ ALL PARAGRAPHS BELOW CAREFULLY BEFORE SIGNING

I authorize my present and former employers, government or investigative agencies, and other organizations (unless otherwise indicated on this application) to release to the Lakeland Care District any information concerning me except that which would indicate age, race, sex, religion, disability, or national origin. Further, I release all these parties from liability for any damage, (except that resulting from misrepresentation), which might result from furnishing this information.

The information provided in this employment application (and attached resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the Lakeland Care District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

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 the Lakeland Care District.

I understand that if employed and my employment is terminated by the Lakeland Care District 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 for employment. I understand that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time. I understand that only the Board of Directors and/or CEO is authorized to change any terms of employment and that any changes must be specific and in writing.

Signed: _____

Date: _____

Unsigned or incomplete applications will not be processed.

(Electronic signature accepted. Applicants selected for interview will sign application at time of interview.)