



**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_



Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

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

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I acknowledge the foregoing information I have supplied is correct to the best of my knowledge and belief. I understand that any falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or for dismissal from subsequent employment.*

*I understand that consideration for employment is contingent upon the results of a reference and background check. I authorize Angelus Senior Living to investigate all statements made on my application and to discuss the results of this investigation with those responsible for hiring. I further authorize Angelus Senior Living to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and the contacted persons to respond to questions pertaining me. Further, I release from liability such former employer(s) or other persons providing information to Angelus Senior Living or its affiliates. I understand that if I make written request to Angelus Senior Living or its affiliates, in accordance with the Fair Credit and Reporting Act, I will be provided with a complete disclosure of any additional information obtained through the investigation. I understand that if hired my employment is at-will and may be terminated with or without cause, with or without notice, at any time, by the Angelus Senior Living or Addison-Rand Corporation or me. I also understand that while personnel policies, programs, procedures and benefits may change from time to time, such at-will status is not subject to change absent a written agreement signed by the Company's Senior Executive Management or the Executive Director.*

*I acknowledge that I have been informed that Angelus Senior Living can require each job applicant to submit to blood, urine, or other medical examination for controlled substances and drugs, to be conducted by a health facility, medical or testing clinic or laboratory or physician selected and paid for by the Company. I agree to submit to such examination or tests and hereby authorize the release and disclosure of the result to the Angelus Senior Living or its affiliates. I further acknowledge that any test results which show the presence of a controlled substance, without a medically acceptable prescription, or illegal drug will result in a denial and/or termination of employment. I agree to sign any documents that may be necessary to permit such release of and disclosure to the Angelus Senior Living or its affiliates of any medical examination or medical tests for controlled substances or drug abuse. I further agree that if employed, I will be subject to the terms of the Angelus policy on drug abuse and controlled substances.*

*I agree that photocopies of this release, as signed by the undersigned, may be used as authorization for release of employment and/or medical records to the Angelus Senior Living or its agents or representatives.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Angelus Senior Living  
200 East Waldo Blvd., Manitowoc, WI 54220  
www.angelusseniorliving.com

**Angelus Senior Living is an Equal Opportunity Employer**