



1130 North Margaret Street
Markesan, WI 53946
920-398-2751

Pre-Employment Inquiry Release

In connection with, and for the duration of employment, including contract for services with Markesan Resident Home, I understand that investigative background inquiries are conducted into: criminal, driving and other reporting. This reporting will include information as to: character, work habits and performance along with reasons for termination from previous employers. Further, I understand that, if I am offered a position, Mareksan Resident Home will be requesting information from various Federal, State and other agencies that maintain records concerning any past activities relating but not limited to: driving, criminal, civil and other reports. I authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information.

Full Name: (Please print) _____

Social Security #: _____

Current Address: _____

City/State/Zip: _____

Driver's License #: _____ State: _____

Applicant's Signature: _____ Date: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization of State Issued	Date Issued	Number:
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EMPLOYMENT HISTORY

List current (most recent employer first and all others in reverse chronological order.

Company Name	start date (month/yr)	end date (month/yr)	
Address: Street, City, State, Zip	Phone	Starting Salary \$	Ending Salary \$
Position Title	Immediate Supervisor's Name/Title		
Job Description and Responsibilities			

May we contact for reference? Yes No

Company Name	start date (month/yr)	end date (month/yr)	
Address: Street, City, State, Zip	Phone	Starting Salary \$	Ending Salary \$
Position Title	Immediate Supervisor's Name/Title		
Job Description and Responsibilities			

May we contact for reference? Yes No

Company Name	start date (month/yr)	end date (month/yr)	
Address: Street, City, State, Zip	Phone	Starting Salary \$	Ending Salary \$
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Job Description and Responsibilities			

May we contact for reference? Yes No

Company Name	start date (month/yr)	end date (month/yr)	
Address: Street, City, State, Zip	Phone	Starting Salary \$	Ending Salary \$
Position Title	Immediate Supervisor's Name/Title		
Job Description and Responsibilities			

May we contact for reference? Yes No

AVAILABILITY INFORMATION

Primary position desired: _____

Will you accept another position? Yes No If so, what? _____

Are you available to work: Weekends Yes No Holiday Yes No

Floating Shifts Yes No On Call Yes No

Most positions in this organization require weekend, holiday and potential overtime. These positions include but are not limited to: Licensed Staff, Certified Nursing Assistants, Resident Associates, Personal Care Specialists, Housekeepers, Laundry Workers, Dietary Staff and others.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by the department head or administrator.

Applicant's Signature

Date

If your availability status changes, it is your responsibility to notify the department head or the administrator. Such changes will be effective for any future employment.

Have you ever been convicted of a crime? Yes No If yes, for what and where? _____

Are you currently under investigation for resident abuse, neglect or misappropriation? Yes No

Use this space to give us further information which may assist us in placing you:

REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

Name & Relationship	Title	Company Name and Address	Phone Number

Please Read and Sign Below

Markesan Resident Home does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Veteran Status or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Markesan Resident Home the right to conduct a thorough investigation of my past employment and activities, agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take any physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the pre-employment process.

I 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 my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days of hire to show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date

APPLICANT - Do not write on this page
For Interviewer's Use

Interviewer	Date	Comments

Reference Check

Position Number	Results of Reference Check
I	
II	
III	
IV	