



# EMPLOYMENT APPLICATION

ElderSpan Management, LLC, 2445 Darwin RD STE 109, Madison, Wisconsin 53704-3116, (608) 243-8800

Fax: 608-243-3237 or e-mail: info@elderspan.com

## Notification and Agreement Equal Opportunity Employer Statement Applicant's Statement

ElderSpan Management, LLC supports the concept of Equal Employment Opportunity. Employment is based on personal qualifications and ability to perform the job. All employees and applicants shall be treated without discrimination or harassment on the basis of race, color, creed, ancestry, national origin, citizenship, age, sex/gender, pregnancy or childbirth, handicap or disability, arrest or conviction record, marital status, sexual orientation, religion, family status, student status, source of income, political beliefs, physical appearance, membership in the armed forces, use or nonuse of lawful products outside work during nonworking hours, or any other basis prohibited by federal, state or local law.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with proper notice, and ElderSpan has the same right. No one other than ElderSpan has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be made in writing.

I understand that ElderSpan reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I authorize ElderSpan to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that ElderSpan may contact my previous employers and I authorize those employers to disclose to ElderSpan all records and other information pertinent to my employment with them. I also authorize ElderSpan to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide in this application and/or resume and any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

**Do not sign until you have read and understand this statement.**

**Applicant's Signature** \_\_\_\_\_

**Application Date** \_\_\_\_\_

<b>LOCATION Applied to:</b>	<b>POSITION Applied for:</b>
Please tell us how you found us? Newspaper <input type="checkbox"/> Indeed.com <input type="checkbox"/> School Job Board <input type="checkbox"/> Employee Referral <input type="checkbox"/> ESM Website <input type="checkbox"/> Walk-in <input type="checkbox"/> Craigslist <input type="checkbox"/> Other <input type="checkbox"/> Please provide the specific name of above source:	

**GENERAL INFORMATION**

PLEASE TYPE OR PRINT IN INK.

First Name	Middle	Last Name	
Former / Other Name(s)			Social Security Number
Present Address (Number & Street)			Years at address
City	State	Zip	
Former Address (Number & Street)			Years at address
City	State	Zip	
Home Telephone Number	Mobile Phone	Preferred method of contact?	
E-mail Address			
Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please state your Date of Birth If you are under 18 can you supply working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Only U.S. citizens or aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a current ElderSpan employee? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where? Have you previously been employed by ElderSpan? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when & where? Are any of your friends or relatives employed by ElderSpan? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who?			
Have you ever been convicted of a crime other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. Include location, date and nature of the offense.			
<small>(A conviction will not automatically disqualify you from employment. Factors such as job relatedness, age and time of the offense, seriousness and nature of the violation, Wisconsin caregiver background check guidelines and rehabilitation will be considered.)</small>			
Availability for Work: How many hours per week are you available to work?  Any times/days you are not available to work?		Preferred Shift(s) <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	
PLEASE NOTE: Work schedules are based upon the needs of the business and may be subject to change on a weekly basis. We cannot guarantee preferred hours or days to be scheduled.			
Available Start Date:		Wage Expected:	

**GENERAL INFORMATION CONTINUED**

If the job requires use of a motor vehicle, do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Drivers License #:	State:	Expiration Date:
If the job requires use of a motor vehicle, do you have valid Automobile Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Company:		
If the job requires use of a motor vehicle, have you ever been cited for driving under the influence of drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

**EDUCATION & TRAINING**

	Name of School	Location (City and State)	Subject/Major	Last year completed	
High School				1 2 3 4	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Technical College				1 2 3 4	Degree
College				1 2 3 4	Degree
Graduate School				1 2 3 4	Degree
Business, Trade or Other				1 2 3 4	Degree

**Honors & Activities:** (List honors, activities, volunteer experience, etc. You may exclude any information which may indicate race, religion, national origin, gender, age or disability.)

Indicate current **License or Certification** for any profession, skill or trade:  
Type/Occupation:

License No.:	State:	Expiration Date:
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List memberships in professional or technical associations

**Additional Training, Experience or Qualifications:** Please list any CBRF training, other training, experience, certificates, skills, abilities, software used, knowledge or qualification (including hobbies) that you believe should be considered in evaluating your qualifications for employment. Indicate any prior military service that you would like considered in connection with your application for employment. You may exclude any information that reveals age, religion, etc.

**EMPLOYMENT HISTORY**

Complete all information even if attaching resume. *Do not write "See Resume."* Provide information about your present or previous employers in date order beginning with your current or most recent employer first. Account for all periods of time including military service and any period of self-employment. If self-employed give company name and provide business references.

Company Name	Job Title	Job Duties
Kind of Business	Dates of Employment: From: _____ month/year	
Address	To: _____ month/year	
City, State and Zip	Name of Supervisor	Reason for Leaving
Phone Number	You Worked <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Ending Wage
Company Name	Job Title	Job Duties
Kind of Business	Dates of Employment: From: _____ month/year	
Address	To: _____ month/year	
City, State and Zip	Name of Supervisor	Reason for Leaving
Phone Number	You Worked <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Ending Wage
Company Name	Job Title	Job Duties
Kind of Business	Dates of Employment: From: _____ month/year	
Address	To: _____ month/year	
City, State and Zip	Name of Supervisor	Reason for Leaving
Phone Number	You Worked <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Ending Wage

**EMPLOYMENT HISTORY CONTINUED**

Company Name	Job Title	Job Duties
Kind of Business	Dates of Employment: From: _____ month/year	
Address	To: _____ month/year	
City, State and Zip	Name of Supervisor	Reason for Leaving
Phone Number	You Worked <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Ending Wage
Company Name	Job Title	Job Duties
Kind of Business	Dates of Employment: From: _____ month/year	
Address	To: _____ month/year	
City, State and Zip	Name of Supervisor	Reason for Leaving
Phone Number	You Worked <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Ending Wage
Company Name	Job Title	Job Duties
Kind of Business	Dates of Employment: From: _____ month/year	
Address	To: _____ month/year	
City, State and Zip	Name of Supervisor	Reason for Leaving
Phone Number	You Worked <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Ending Wage

Use a separate sheet to continue with any additional qualifying employment data, using same format as above.

**EMPLOYMENT HISTORY CONTINUED**

Have you ever been discharged from any employment or asked to resign?  Yes  No

If yes, please explain:

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May we contact your current employer?  Yes  No

If no, please explain:

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Please explain any gaps in your employment history.

**REFERENCES**

Please give current contact information for two professional and two personal references (Do not list family members).

Name	Occupation	City and State	Phone Number	Years Known	Relationship
					<input type="checkbox"/> Personal <input type="checkbox"/> Professional
					<input type="checkbox"/> Personal <input type="checkbox"/> Professional
					<input type="checkbox"/> Personal <input type="checkbox"/> Professional
					<input type="checkbox"/> Personal <input type="checkbox"/> Professional

**ESSENTIAL FUNCTIONS**

**Attendance and Punctuality**  
 Consistent attendance and punctuality are essential requirements of every job with ElderSpan.  
 Is there anything that would interfere with your regular attendance and/or punctuality if you were offered a job with ElderSpan?  Yes  No

If yes, please explain:

This job requires incumbents to work 8 hour shifts, transfer residents, use a gait belt, support up to 100 pounds, walk briskly, stand, climb stairs, sit, bend, reach, squat, push, pull, use vision for close range, focus adjustment & depth perception, talk, hear, grasp, regularly lift and carry materials up to 25 pounds.  
 Are you able to perform these essential functions?  Yes  No

If no, please explain:

This job requires the ability to read and write in English and to complete state mandated training within time deadlines. Are you able to perform these essential functions?  Yes  No

If no, please explain:

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# INFORMATION RELEASE AUTHORIZATION

ElderSpan Management, LLC, 2445 Darwin RD STE 109, Madison, Wisconsin 53704-3116, (608) 243-8800  
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**Applicant Name:** \_\_\_\_\_

**Former Name(s):** \_\_\_\_\_

I (applicant name) \_\_\_\_\_ hereby authorize and request any present or former employer, educational institution, law enforcement agency, or other persons, having personal knowledge about me to furnish ElderSpan Management, LLC, and/or its agents, with any and all information in their possession regarding me, in connection with an application for employment that I have filed with ElderSpan Management, LLC. I hereby release ElderSpan Management, LLC from liability and hold harmless all persons and corporations supplying this information to ElderSpan Management, LLC and/or its agents.

I acknowledge that all information, including information on my employment application or resume, is subject to verification. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that this application is not, nor is it intended to be a contract of employment.

A photocopy and/or a facsimile copy of this signed authorization is as effective as the original.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_