



Orchard Manor - Grant County Application for Employment

THIS FACILITY
MAY DO
DRUG TESTING

Position Applying For _____

Date of Application _____

The following information is requested in order to help us make the best possible placement with Orchard Manor. All portions of this application pertaining to you must be completed. Orchard Manor does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, sexual orientation or any other characteristic protected by law.

PERSONAL DATA:

Name _____ Former Name _____
Last First Initial

Home phone () _____

Address _____ Other phone () _____
Street/PO Box

Email address _____

City State Zip Code

Are you at least 16 years and not yet 18 years old? Yes No, I am 18 or older

Are you legally eligible for employment in the United States? Yes No

Were you previously employed here? Yes No

If yes, please list the departments and dates: _____

Have you ever been convicted of a crime other than minor traffic violations? Yes No
 (A criminal record will be considered only as it relates to the job applied for.)

If yes, please explain: _____

Are you related to any employee at Orchard Manor? Yes No

If yes, please list his/her name and your relationship. _____

Have you worked for a WRS (Wisconsin Retirement System) participant in the past? Yes No

EDUCATION AND TRAINING:

School	Name and Location	(Optional) Dates Attended From: To:	Course of Study and Degree	Graduated
High School/GED		_____		<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University		_____ MO YR MO YR		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		_____ MO YR MO YR		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business, Trade, Vocational or Other		_____ MO YR MO YR		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you now a licensed or certified member of any profession or trade? Yes No

If yes, give type of license or certificate, number and year issued and expiration date: _____

Have you ever received a reprimand or had your license revoked? Yes No

If yes, why? _____

EMPLOYMENT RECORD:

Please complete by beginning with last or current employer, then next to last, etc. If you were employed under a different name, please give the name used.

If currently employed, may we contact that employer? Yes No

Employer	Phone	Dates of Employment From To	
Address	Salary (Optional)	Hours/Week	Supervisor
Reason for Leaving	Job Title		
Description/Duties			

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(Use a separate sheet for additional employers.)

MILITARY SERVICE RECORD:

Have you ever been in the armed forces? Yes No

If yes, what branch? _____

Dates of duty: From _____ To _____

Rank at Discharge: _____

Type of Discharge: _____

What were your duties in the service (include special training and duty station)?

REFERENCES:

List persons who are familiar with your qualifications and background. (No relatives)

Name	Email Address / Phone Number	Business or Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SUMMARY

Please summarize any special skills or qualification you have acquired that will support your application for this position.

PLEASE READ THE PARAGRAPHS BELOW BEFORE SIGNING:

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal. I understand that employment with Orchard Manor is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause.

I authorize all Persons, Schools, Companies, Corporations, Municipalities, Agencies, or other Organizations to give to Orchard Manor any information requested concerning my employment, character, experience, and qualifications and/or suitability for employment with Orchard Manor, including a check of my fingerprints, motor vehicle record and criminal record for the purpose of considering my suitability for hire. I hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I agree to release all parties from all claims under any laws, including civil rights information. I agree to release all parties from all claims under any laws, including civil rights laws, arising from providing and receiving such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand that Orchard Manor is committed to maintain a drug-free workplace. Orchard Manor may require a drug test as a part of the hiring process. Orchard Manor may conduct post-accident, reasonable suspicion, periodic and/or random drug or alcohol testing to its employees.

Signature of Applicant _____ Date _____

OPTIONAL:

I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant _____ Date _____

Submit completed application to:

Attn: Human Resources
Orchard Manor
8800 Hwy 61
Lancaster, WI 53813

Email: employment@co.grant.wi.gov
Fax: (608)723-2210; (608)723-4595
Phone: (608)723-2113; (608)723-2540

If submitting your application materials via US Mail, please make sure you have enough postage as to not cause delay in processing.

How did you hear about this employment opportunity?

- Facebook (www.facebook.com/GrantCountyEmploymentOpportunities)
- Shopping News
- Other Newspaper: _____
- Grant County Website (www.co.grant.wi.gov www.co.grant.wi.gov/docs_by_cat_type.asp?doccatid=111&locid=147)
- Orchard Manor Website (www.omanor.com)
- Job Center of Wisconsin Website (www.jobcenterofwisconsin.com)
- School
- Posting or email at my place of employment
- Friend / Relative
- Other: _____