



Morrow Home Community
 331 S. Water St. Sparta, WI 54656
 608-269-3168
www.morrowhome.org

APPLICATION FOR EMPLOYMENT

Please return completed application and copies of any applicable certification. Morrow Home Community is a drug-free and violence-free workplace. All new employees are required to receive an annual flu vaccine or confirm religious or medical exemption. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Applicant Information											
Full Name:				Date:							
<i>Last</i>			<i>First</i>			<i>M.I.</i>					
Address:											
<i>Street Address</i>						<i>Apartment/Unit #</i>					
<i>City</i>						<i>State</i>		<i>ZIP Code</i>			
Phone:	Home: ()		Cell: ()		E-mail Address:						
Date Available:		Social Security No.:			Date of Birth:						
Position Applied for:				<input type="checkbox"/> Full-Time			<input type="checkbox"/> Part-Time				
How did you learn about Morrow Home Community?		Newspaper Advertisement <input type="checkbox"/>		On-Line Advertisement Where _____ <input type="checkbox"/>		Morrow Home Website <input type="checkbox"/>		Relative/Friend <input type="checkbox"/>		Other (job fair, radio, etc.) <input type="checkbox"/>	
Areas of Certification:				Desired Salary: \$							
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Morrow Home Community?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Do you have any relatives that are currently employed by Morrow Home Community?						YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Are you currently on "lay-off" status and subject to recall?						YES <input type="checkbox"/>		NO <input type="checkbox"/>			
What shifts can you work?		Days <input type="checkbox"/>		Evenings <input type="checkbox"/>		Nights <input type="checkbox"/>		Rotating <input type="checkbox"/>		Weekends <input type="checkbox"/>	
Will you work on-call if necessary?				YES <input type="checkbox"/>			NO <input type="checkbox"/>				
Will you work other shifts in emergencies?				YES <input type="checkbox"/>			NO <input type="checkbox"/>				
If you are under 15 years, can you provide proof of your eligibility to work?				YES <input type="checkbox"/>			NO <input type="checkbox"/>				
Special Skills/Qualifications-Summarize special job-related skills and qualifications acquired from other experience.											

Education									
High School:			Address:						
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:			Address:						
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:			Address:						
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References

Please list three professional references.

Full Name:			Relationship:						
Company:					Phone:		()		
Address:									
Full Name:			Relationship:						
Company:					Phone:		()		
Address:									
Full Name:			Relationship:						
Company:					Phone:		()		
Address:									

Previous Employment: Please list 3 most recent employers.

Company:					Phone:		()		
Address:			Supervisor:						
Job Title:			Starting Salary:		\$		Ending Salary:		\$
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact this employer for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company:					Phone:		()		
Address:			Supervisor:						
Job Title:			Starting Salary:		\$		Ending Salary:		\$
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact this employer for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Explain any gaps in employment:			
Military Service			
Branch:	From:	To:	
Rank at Discharge:	Type of Discharge:		
If other than honorable, explain:			
Disclaimer and Signature			
<p><i>I understand that Morrow Home Community follows an employment-at-will policy, in that I or the employer may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job.</i></p> <p><i>I understand that if hired I am required to receive an annual flu vaccine or confirm religious or medical exemption.</i></p> <p><i>I understand that Morrow Home Community will investigate my work and educational history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools and employers named within to provide any information requested about me, and I release them from all liability for damage in providing this information.</i></p> <p><i>I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. <u>My typed signature (online submission) below indicates agreement with the above statement and application information.</u></i></p>			
Signature:	Date:		

FOR PERSONNEL DEPARTMENT USE ONLY	
Date of Interview:	Job Title:
Starting Date:	Hours:
Shifts:	Certification Check:
Criminal Background Check:	T.B. Testing: