



SPRING VALLEY HEALTH CARE SERVICES, INC.

S830 WESTLAND DRIVE • SPRING VALLEY, WI 54767-8238
PHONE (715) 778-5545 • FAX (715) 778-5575

APPLICATION FOR EMPLOYMENT

Spring Valley Health Care Services, Inc. is an equal opportunity provider and employer and upholds the principles of equal opportunity employment. It is the policy of Spring Valley Health Care Services, Inc. to provide employment, compensation and other benefits related to employment based on qualifications and performance, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, Spring Valley Health Care Services, Inc. intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any reasonable accommodations. This application is intended to allow you, the applicant, to provide Spring Valley Health Care Services, Inc. with the information and data so that your suitability and qualifications can be fairly determined for the position(s) for which you are applying. Please fully complete this application and answer all questions completely. Please initial where indicated, sign the application, and print clearly in ink.

PLEASE PRINT CLEARLY IN INK—BE SURE TO SIGN THIS APPLICATION

Date _____

Name: _____
Last First Middle

Social Security No.: _____ Home Phone: _____

Address: _____
No. - Street Apt. No. (if applicable) P.O. Box (if applicable)

City State Zip

Have you been previously employed by Spring Valley Health Care Services, Inc.? ☐ Yes ☐ No

If "Yes", when? _____ In what capacity? _____

How did you learn of the position for which you are applying:

☐ Newspaper/Print Advertisement ☐ Friend/Relative ☐ Employment Agency ☐ Job Service
☐ Radio/TV Advertisement ☐ SVHCS Staff Person Name: _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Shift Preferences: ☐ First Shift – Days ☐ Second Shift – Evenings ☐ Third Shift – Nights

☐ Full-time ☐ Part-time If "Part time", number of shifts/hours desired: _____

Date available to start _____ Salary requested _____

PERSONAL HISTORY

Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the U.S.? ☐ Yes ☐ No

If applicable, Visa Type: _____ Immigration No.: _____

Are you at least 18 years old? ☐ Yes ☐ No

Are you ineligible to be employed with a Wisconsin licensed health care entity as a result of being found guilty by a court of law for abusing, neglecting, or mistreating individuals in a health care related setting? ☐ Yes ☐ No If "Yes," please explain:

Are you able to perform all of the duties required by the position for which you are applying, without endangering yourself or compromising the safety, health, or welfare of the Residents/Clients or other Staff Persons? ☐ Yes ☐ No If "No" please explain:

EDUCATION

	<u>Name and Location Of School</u>	<u>Graduation Date</u>	<u>Course of Study/ Degree Issued</u>
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

LICENSURE/CERTIFICATION/REGISTRATION

<u>Type of License/Certification</u>	<u>Registration Number</u>
_____	_____
_____	_____
_____	_____

List any special skills or qualifications which you possess and feel are relevant to health care and the position for which you are applying.

EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer.

May we contact and communicate with your present employer? ☐ Yes ☐ No

Employer _____ Telephone No. _____

Address _____ Employed from ____/____ to ____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities

Reason for Leaving _____

Employer _____ Telephone No. _____

Address _____ Employed from ____/____ to ____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities

Reason for Leaving _____

Employer _____ Telephone No. _____

Address _____ Employed from ____/____ to ____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities

Reason for Leaving _____

MILITARY SERVICE

Branch _____ From _____ To _____

What were your duties? _____

Did you receive any specialized training? ☐ Yes ☐ No If "Yes" please explain:

REFERENCES

Names of friends or relatives, if any, currently employed by Spring Valley Health Care Services.

Name	Address	Phone
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Name	Address	Phone
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Names of co-workers (no relatives) you have worked with and whom we may contact for a reference.

Name	Address	Phone
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Name	Address	Phone
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Please read the following statements completely and carefully before you initial and sign your name.

The Applicant HEREBY CERTIFIES that the answers given on this Application For Employment, including any statements or answers provided by the Applicant during interview, are true and correct. The Applicant fully authorizes Spring Valley Health Care Services, Inc. to contact any references, past and present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to the Applicant and this Application For Employment. It is understood and agreed that any misrepresentation, false statement, or omission by the Applicant will be sufficient reason for rejection of the Application For Employment or for dismissal from employment at any time, without recourse or liability to Spring Valley Health Care Services, Inc.

I have read, understand and agree to the above statement. (Please initial here). _____

The Applicant is hereby informed that the State of Wisconsin is deemed as an employment-at-will state. Spring Valley Health Care Services, Inc. is a Wisconsin employer; therefore, the Wisconsin employment-at-will statutes and rules will apply to the employment status of all Spring Valley Health Care Services, Inc. Staff. Thus, no representative of Spring Valley Health Care Services, Inc. has the authority to enter into any agreement for employment for any specified period of time and that Spring Valley Health Care Services, Inc. is not guaranteeing employment for anyone. No employment contract is created by virtue of the Applicant being hired by Spring Valley Health Care Services, Inc.

I have read, understand and agree to the above statement. (Please initial here). _____

If employed, the Applicant agrees to fully abide by all Staff Conduct And Workplace Standards, including professional ethics, safety rules, and a code of conduct for Spring Valley Health Care Services, Inc. The Applicant understands that Spring Valley Health Care Services, Inc. is committed to maintaining a alcohol and drug-free workplace. The Applicant is informed that Spring Valley Health Care Services, Inc. requires employment physical exams with various safety screenings including a drug test as a part of the hiring process. Also, if employed, the Applicant realizes that Spring Valley Health Care Services conducts random drug testing of its employees.

I have read, understand and agree to the above statement. (Please initial here). _____

The Applicant is informed that this Application will remain on file for 90 days for consideration. After 90 days, if the Applicant remains interested in a position with Spring Valley Health Care Services, Inc., it will be necessary for the Applicant to recontact Spring Valley Health Care Services, Inc.

SIGN HERE _____

DATE _____