

Name \_\_\_\_\_  
First Middle Initial Last

Position(s) applied for \_\_\_\_\_

Date \_\_\_\_\_

# EMPLOYMENT APPLICATION

*Entrust your journey to us.*



Entrust your journey to us  
**Preceptor**  
Leader in  
**Health Care**

**Mueller Therapy**  
**Therapy & Wellness**  
**Serenity Hospice Care**  
**Easy Living Home Health Care**  
**Consulting, Education & Wellness**  
**Therapeutic Assisted Living Operations**

**Preceptor Health Care is an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal state or local laws.**

*Please answer all questions. Resumes are not a substitute for a completed application.*

Name \_\_\_\_\_  
First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Email address \_\_\_\_\_ Are you legally able to work in the United States? Y N

### **POSITION DESIRED**

Position(s) \_\_\_\_\_ Available as of \_\_\_\_\_

Type of Employment Desired  Full time  Part time  PRN Hours available \_\_\_\_\_

Have you been employed by Preceptor Health Care before?  yes  no

When? \_\_\_\_\_ Position? \_\_\_\_\_

Years of experience in work applying for \_\_\_\_\_

Where did you hear about this position for which you are applying? \_\_\_\_\_  
\_\_\_\_\_

### **EDUCATION** (please list formal education following grade school)

#### **High School**

Name \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

#### **Business, Technical, Trade or College**

Name \_\_\_\_\_ Dates attended \_\_\_\_\_

Address \_\_\_\_\_ Major area of study \_\_\_\_\_

Name \_\_\_\_\_ Dates attended \_\_\_\_\_

Address \_\_\_\_\_ Major area of study \_\_\_\_\_

Do you plan to work elsewhere or attend school while working here? Yes No

**EMPLOYMENT HISTORY**

Begin with your most recent employer. (Check here  if we should not contact present employer concerning your work history.) Answer all questions. Do not omit or skip any jobs in your employment history. Please attach additional employment history if necessary and explain all gaps in your work history.

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employment Dates \_\_\_\_\_ Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Specific duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employment Dates \_\_\_\_\_ Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Specific duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employment Dates \_\_\_\_\_ Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Specific duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please explain any gaps in employment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SKILLS AND QUALIFICATIONS

List any special considerations, training, certification, registration, etc. that might be important to the particular position for which you are applying. Please include professional license or certification numbers and expiration dates.

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List equipment and/or computer software that you use and your level of ability.

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Additional skills, abilities or experiences which may assist you in performing the position for which you are applying.

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U.S. Military Record: Dates \_\_\_\_\_ Branch \_\_\_\_\_ Position/Rank \_\_\_\_\_

List all convictions other than minor traffic violations and include dates, offenses and charges. No applicant will be denied a position because of a conviction for any offense which is not related to the circumstances of the job(s) sought.

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Have you ever resided outside the state of Wisconsin in the last three years?  Yes  No

If yes, list location and dates \_\_\_\_\_

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**PROFESSIONAL REFERENCE**

List names of work related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

Name\_\_\_\_\_Phone\_\_\_\_\_

Company/Position\_\_\_\_\_Relationship\_\_\_\_\_

How long known\_\_\_\_\_Email address\_\_\_\_\_

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Name\_\_\_\_\_Phone\_\_\_\_\_

Company/Position\_\_\_\_\_Relationship\_\_\_\_\_

How long known\_\_\_\_\_Email address\_\_\_\_\_

**APPLICATION CERTIFICATION**

I certify that there are no willful misrepresentations, omissions, or falsifications of the statements contained in this document. I understand that initial and continued employment depends on the truth and accuracy of this information and misrepresentation may result in denial of employment or be cause for subsequent dismissal if I am hired.

Signature\_\_\_\_\_Date\_\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY**

Name \_\_\_\_\_ Starting date \_\_\_\_\_

Position \_\_\_\_\_ Company EL SH MT T&W TALO PHC

FTE Status \_\_\_\_\_ FT PT PRN Phone Yes No iPad Yes No

Per hour rate \_\_\_\_\_ Per visit rate \_\_\_\_\_

PTO accrual \_\_\_\_\_ Employer Paid Continuing Education per year \_\_\_\_\_

**Other information**

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\_\_\_\_ Background checks completed \_\_\_\_ DOJ \_\_\_\_ DHFS \_\_\_\_ OIG \_\_\_\_ SO

\_\_\_\_ License verification

\_\_\_\_ Set up email

\_\_\_\_ Offer email

\_\_\_\_ Set up distribution group

\_\_\_\_ Orientation scheduled

\_\_\_\_ Set up Kinnser/Hospice Soft

\_\_\_\_ Team member agreement

\_\_\_\_ Add to Paychex

\_\_\_\_ Mail new hire packet

\_\_\_\_ Add to TLO

\_\_\_\_ Aurora location provided

\_\_\_\_ Enter PTO accrual

\_\_\_\_ Order equipment

\_\_\_\_ Make paperless

\_\_\_\_ Start online folder

\_\_\_\_ Activate system access for HRO

\_\_\_\_ Add to Active Employee Spreadsheet

\_\_\_\_ Add to 90 day review list

\_\_\_\_ Add to address labels

\_\_\_\_ Add to 401k list

\_\_\_\_ Set up phone# \_\_\_\_\_

\_\_\_\_ Set up iPad# \_\_\_\_\_