



# Application for Employment

Orchard Manor  
8800 Hwy 61 & 35  
Lancaster, WI 53813

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. Grant County 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

Address \_\_\_\_\_ Home phone ( ) \_\_\_\_\_

Other phone ( ) \_\_\_\_\_

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. \_\_\_\_\_

**EDUCATION AND TRAINING:**

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

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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 Grant County 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 a release of any records pertaining to my education, employment, and/or personal references to Grant County. I voluntarily agree to cooperate in such investigation and release from all liability of responsibility all persons, companies or corporations supplying or acting upon such information.

I understand that Grant County is committed to maintain a drug-free workplace. Grant County may require a drug test as a part of the hiring process. Grant County 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:**

Employee Services  
Orchard Manor  
8800 Hwy 61 & 35  
Lancaster, WI 53813

Phone (608)723-2113

Fax (608)723-2210