



APPLICATION FOR EMPLOYMENT

I hereby authorize a copy of this application to be routed to and accepted as my application for Supportive Homecare Options, Inc. (SHO) & ANEW Management, LLC

(PLEASE PRINT - APPLICATION MUST BE COMPLETED IN FULL)

ANEW is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, 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, this company 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 needed accommodation.

Date of Application: ____ / ____ / ____

Specific Position Applied For: _____

Please circle all availabilities: **Early AM** (6 am-8 am)/**AM** (8 am-12 pm)/**Afternoon** (12 pm-3 pm)/**Late Afternoon** (3 pm-6 pm)/
Evening (6 pm-10 pm)/**Late Evening** (10 pm-12 am)/**Live-In/Weekends/Alternate Weekends**

Referral Source: Advertisement Employee Relative/Friend Walk-In
 Employment Agency Yellow Pages Job Service Other _____

Transportation: Own Auto: _____ Bus: _____ Friend/Taxi Will Drive: _____

Wisconsin Drivers License # _____ here if you have never held a Drivers License
 here if Drivers License is revoked / suspended

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ Social Security Number _____

Alternate # _____ Who: _____

Is there additional information regarding your name which is necessary for us to conduct a record check? Yes No

If yes, please explain: _____

Name and phone number of person to be notified in case of an accident or an emergency.

Are you a U.S. citizen? Yes No If not, by what means are you eligible to work in the U.S.? Visa Green Card

Have you ever been employed by ANEW before? Yes No

If yes, when and where: _____

Have you been convicted of a felony within the last 5 years? Yes No

Have you been convicted of a misdemeanor within the last 5 years? Yes No

(A conviction will not necessarily disqualify you for employment. The conviction will be considered only as it relates to the job in question.)

If yes, please explain: _____

SPECIAL SKILLS AND QUALIFICATIONS

(DO NOT WRITE IN SHADED AREAS)

Summarize special skills and qualifications acquired from previous employment or other life experiences:

| Circle | Check Appropriate Boxes | | | |
|---------------------|-------------------------|--------|---------|-------|
| | Spanish | German | Russian | Other |
| Speak Fair / Fluent | | | | |
| Read Fair / Fluent | | | | |
| Write Fair / Fluent | | | | |

PERSONAL REFERENCES (Do not list relatives or former employers)

| Name | Phone | Address | Occupation | Length of Time Known |
|------|-------|---------|------------|----------------------|
| | | | | |
| | | | | |
| | | | | |

EDUCATION AND PARAPROFESSIONAL DATA

| | Elementary | High | College/University | Graduate/Professional |
|--|------------|------------|--------------------|-----------------------|
| School Name | | | | |
| Years Completed: (Circle) | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | | | | |
| Describe Course Of Study: | | | | |
| Describe Specialized Training, CPR, Vent | | | | |

Nurse Aide Training Certificate: Yes No Where? _____

Are you on the NA/HHA Registry in the State of Wisconsin? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

| | | | | | |
|--------------------|------------|-----------------|----------------|----|----------------|
| Employer | | Telephone | Dates Employed | | Work Performed |
| | | | From | To | |
| Address | | | | | |
| City, State, Zip | | | | | |
| Job Title | Supervisor | Hourly / Salary | | | |
| | | Started | Final | | |
| Reason for Leaving | | | | | |

| | | | | | |
|--------------------|------------|-----------------|----------------|----|----------------|
| Employer | | Telephone | Dates Employed | | Work Performed |
| | | | From | To | |
| Address | | | | | |
| City, State, Zip | | | | | |
| Job Title | Supervisor | Hourly / Salary | | | |
| | | Started | Final | | |
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| | | | | | |
|--------------------|------------|-----------------|----------------|----|----------------|
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| | | | From | To | |
| Address | | | | | |
| City, State, Zip | | | | | |
| Job Title | Supervisor | Hourly / Salary | | | |
| | | Started | Final | | |
| Reason for Leaving | | | | | |

I have been given a written job description which includes the essential job functions of the position for which I have applied.
 Are you able to perform each of the essential job functions listed for this position with or without accommodation? Yes No
 If you can perform the job functions with an accommodation, please describe how you would perform the functions and with what accommodations: _____

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize the company at which I am applying to contact references, past or present employers, and any other sources of information that may be relevant to my application for employment. A criminal record does not constitute an automatic bar of employment. It will be considered only as it relates to the job for which I am applying. I hereby release them and their organizations from all liability for any damage whatsoever for issuing same. It is understood and agreed that any misrepresentation by me in this Application, as well as on my Medical and Health History Form, will be sufficient reason for dismissal at any time during my employment, without liability to this Company. If employed, I agree to abide by all of the work and safety rules of the Company. I also understand the Company has a drug testing policy which allows administrative staff to recommend drug testing if there is reasonable suspicion that the employee is under the influence of drugs or alcohol. I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. I understand that my motor vehicle record may be obtained and reviewed for its information in determining my employment. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company. I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. I have personally read and completed this application myself. I understand that this application will stay on file for one year for consideration. After one year, if I am still interested in a position with this Company, it will be necessary for me to complete a new application."

 Signature _____
 Date

AFFIRMATIVE ACTION DATA RECORD

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are **not** a part of your Application for Employment or personnel file. **Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

(Please Print)

| | | |
|-----------|---|-------------|
| Last Name | First Name | Middle Name |
| | Current Job | |
| | Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | Check One Of The Following: (Ethnic Origin) | |
| | <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander | |
| | Check If Any Of The Following Are Applicable: | |
| | <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual | |
| | Birthdate | |

FOR AFFIRMATIVE ACTION PROGRAM USE ONLY

| | | |
|----------------------------------|------------------------------|-----------------------------|
| Position(s) Applied For Is Open: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Position(s) Considered For: | _____ | |
| | _____ | |
| | Date: _____ | |

| | | | |
|------------------|----------------|----------|--|
| Hired | _____ YES | _____ NO | |
| Start Date | ____/____/____ | | |
| Position | _____ | | |

EMPLOYMENT ANALYSIS REGISTER

| | |
|-------------------------|--|
| Gender: | |
| Race: | |
| Disability: | |
| Other: | |
| Referral Source: | |
| EEO1 Category: | |
| Disposition: | |

NOTES:

Completed By: _____

Date: ____/____/____