



Employment Application

We are an Equal Opportunity Employer

Please print in ink. You must complete entire application

Date:

Applicant Information			
Name (First, middle, last)			
Address (street, city, state, zip code)		Day Telephone & Best time to call ()	
Social Security #		Evening Telephone & Best time to call ()	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization)			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you met state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.			
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)			
Do you have any pending Criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the 1) nature of charges, 2) date issued, and 3) county and state issued.			
Have you every applied at SSND before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:		Have you ever worked at SSND before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	
Position Applying For	Part-time or Full-Time Desired	Wage Preference	Shift Preference
When can you start?			
How were you referred? <input type="checkbox"/> Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Other _____			
Special Skills			
Describe software knowledge and office equipment experience.			
Describe mechanical experience.		Describe foreign language skills.	

Employment History (start with most recent; use separate sheet if necessary)

Name of Employer	Telephone ()
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	
Salary – start	Salary – End Reason for Leaving
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer	Telephone ()
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	
Salary – start	Salary – End Reason for Leaving
Name of Employer	Telephone ()
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	
Salary – start	Salary – End Reason for Leaving
Name of Employer	Telephone ()
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	
Salary – start	Salary – End Reason for Leaving

Explain any gaps in employment: _____

Education				
School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses			
List any relevant training programs completed.			
Course/Seminar	Organization Sponsoring	Content	Dates Attended

Required License(s)		
If required to drive a motor vehicle for the job applying for, state your:		
1) driver's license number		2) state issued
Are you licensed with any group, association or society relating to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration or License number	State Issued	Expiration Date

Employment References

List Individuals familiar with your job qualifications (no relatives or personal friends).

Name and Address	Day Telephone ()
	Evening Telephone ()
Relationship	How long known?
Name and Address	Day Telephone ()
	Evening Telephone ()
Relationship	How long known?
Name and Address	Day Telephone ()
	Evening Telephone ()
Relationship	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. Application materials will be held for the time period required by law.
3. I authorize SSND to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
4. I understand that offers of employment are contingent upon my consenting to and satisfactorily completing a screening for illegal drugs. I also understand that upon receiving a job offer, a physical examination may be required. (Note: If a physical examination is a job requirement, you will be notified.)
5. I understand that SSND may conduct a Criminal Background Check to confirm my responses on this application form. A Criminal Background Check will be made in accordance with the Wisconsin Caregiver Background Checks Statute (HFS12).
6. Regardless of whether or not I become employed by SSND, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at SSND is on an at-will basis and that my employment may be terminated with our without cause, and without notice, at any time, at my option or SSND's, unless specifically provided otherwise in a written employment contract. I further understand that no SSND employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of Applicant _____ Date _____