



# Application for Employment

## Personal Information

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

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Street City State Zip Code

## Employment Desired

Grafton  Plymouth  Port Washington

Full time  Part Time  
 Employment Preference: 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Float/Pool \_\_\_\_\_

Are you employed now?  Yes  No

May we contact your employer?  Yes  No

How did you learn of this opening? \_\_\_\_\_

## Education

	Name of school	Location (city, state)	Courses Taken	Completed/Degree
High School				
College				
Vocational or Business				
Professional Education				
Other Training				

CBRF Certifications:  Fire Safety  Standard Precautions

## Community Service/Professional Membership

Professional organization membership: \_\_\_\_\_

Honors received, Volunteer or community service you feel are related to the position \_\_\_\_\_

## Professional Licenses and/or Certifications

Type	Organization /state issued	Date Issued	Number	Verified
Type	Organization /state issued	Date Issued	Number	
Type	Organization /state issued	Date Issued	Number	

Has your license or certification ever been suspended or revoked or any disciplinary action enacted against your license or certification in any state?  
 Yes  No

If yes, for what, when and where: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, for what, when and where? \_\_\_\_\_

(Conviction of a criminal offense will not necessarily preclude your employment.)

## Employment History

**Instructions:** If you have a résumé please attach it to this form and indicate the salary/wage ranges next to each position held.

Present and Former Employers	Dates	Salary	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____  To _____	Starting _____  Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____  To _____	Starting _____  Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____  To _____	Starting _____  Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____  To _____	Starting _____  Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____  To _____	Starting _____  Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____  To _____	Starting _____  Ending _____	

If your former employment references, education or military services are under a name other than indicated on the front of the application, please indicate below.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_

## References & Additional Information

Please use this space to give us further information that will assist us in placing you; including at least three **professional** references (include their phone numbers or addresses).

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Do you speak any language(s) in addition to English? \_\_\_\_\_

## Military Service

Were you in the Armed Forces?  Yes  No If yes what branch? \_\_\_\_\_

Dates of Duty: \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

## Conflict of Interest

Do you, or does any immediate family members have a financial interest in an organization affiliated with or doing business with BriKat Enterprises LLC, DBA Anita's Garden's?

Yes \_\_\_\_ No \_\_\_\_ If yes, please give details \_\_\_\_\_

## Authorization & Signature

This organization does not discriminate in hiring or any other decision on the basis of race, color, gender, sexual preference, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this organization the right to make a thorough investigation of my past employment and activities, I agree to cooperate in the investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to a driving record check if applicable to the position and a criminal background check and or drug test as required by either policy or State law for direct patient care personnel. I consent to take the physical examination, and all future physical essential duties I would be required to perform.

I understand my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If I accept employment, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Interviewers Comments

Interviewer	Date	Comments

## Reference and Prior Employment Check

Individual Contacted	Name of Firm	Results of Check