

# Marshfield Area Respite Care Center

## Employment Application

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Full time \_\_\_\_\_ Part-time \_\_\_\_\_

Have you applied before: \_\_\_\_\_ If yes, when: \_\_\_\_\_

Date you would be available to begin work: \_\_\_\_\_

Have you been convicted of a felony within the last 7 years: \_\_\_\_\_ If yes, please explain \_\_\_\_\_

### Employment History:

Name of Current or Previous Employer \_\_\_\_\_ Phone No: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

May we contact them: \* \_\_\_\_\_ If no, why: \_\_\_\_\_

Name of High School \_\_\_\_\_ Years Completed \_\_\_\_\_

Address: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Name of Technical/College: \_\_\_\_\_ Years Completed \_\_\_\_\_

Address: \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

### References: (Name, Address, Phone Number)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agency Use Only:** Previous volunteer agency contacted \_\_\_\_\_ Reference's checked \_\_\_\_\_ Local check \_\_\_\_\_

State check \_\_\_\_\_ Contract signed \_\_\_\_\_ Training completed \_\_\_\_\_ Dates \_\_\_\_\_

Comments: \_\_\_\_\_

Marshfield Area Respite Care Center

211 S Maple Avenue, P.O. Box 485

Marshfield, WI 54449

