

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER. As a condition of employment, you will be required to have an influenza vaccine each “flu season” unless there is a legitimate reason, religious or medical, for declining. You will be required to wear a mask during flu season if not vaccinated.

Position desired _____ F-TG P-TG Date _____

Name _____

Last

First

Middle

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ E-mail _____

EMPLOYMENT HISTORY (List present or most recent employer first)

COMPLETE ADDRESSES ARE NECESSARY for all references: employer and personal.

1. Employer Street City/St/Zip	Employed from _____mo/yr to _____mo/yr	Type of work performed Supervisor_____	Present or last salary	Reason for leaving
2. Employer Street City/St/Zip	Employed from _____mo/yr to _____mo/yr	Type of work performed Supervisor_____	Present or last salary	Reason for leaving
3. Employer Street City/St/Zip	Employed from _____mo/yr to _____mo/yr	Type of work performed Supervisor_____	Present or last salary	Reason for leaving

Fairhaven has a drug-free workplace program. If you are offered a position, you may be required to submit to a drug and/or alcohol screen. The offer of employment will be rescinded if you have a positive result.

I am aware that Fairhaven has a drug-free workplace and understand that my minor child may be subject to a drug and/or alcohol screen at the time of hire and per Fairhaven policy if employed.

I understand that my minor child will be required to receive an influenza vaccine each “flu season” and give my permission for the vaccine to be administrated.

Parent/Guardian Signature (required if applicant under 18 years of age)

Date _____

EDUCATION

High School _____ 7 8 9 10 11 12 College _____ 1 2 3 4 more

Business or trade school _____ Month attended _____

PROFESSIONAL DATA

Registration for (circle as appropriate) RN LPN CMA CNA

State _____ Date of registration or expiration _____ Number _____

Shift Desired 1st 2nd 3rd

PERSONAL INFORMATION

Are you legally authorized to work in the U.S.? Yes _____ No _____

(Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.)

Are you at least 18 years of age? Yes _____ No _____

Have you ever been convicted of a crime (felony)? Yes _____ No _____

(A conviction does not automatically bar you from employment.)

If yes, give details: _____

Do you have any special skills you wish to mention? _____

If hired, when would you be available? _____ Salary requirements? _____

PERSONAL REFERENCES**COMPLETE ADDRESSES ARE NECESSARY for all references.**

Name _____

Name _____

Occupation _____

Occupation _____

Street _____

Street _____

City, State, Zip _____

City, State, Zip _____

Name _____

Name _____

Occupation _____

Occupation _____

Street _____

Street _____

City, State, Zip _____

City, State, Zip _____

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical.

I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at anytime, at the option of either my employer or myself.

Signature _____

Date _____

REFERENCE CHECK FORM

Fairhaven Corporation is required by Wisconsin State law to complete a criminal history check.

The following information is used for reference checking only. All information here will remain confidential. Fairhaven does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No information on this reference check form is intended to secure information to be used for such discrimination. The references will be given every consideration; however, its receipt does not imply that the applicant will be employed.

COMPLETE NAME _____

OTHER NAMES USED _____

SEX _____

RACE _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

I understand that the above information is true and complete to the best of my knowledge.

SIGNED _____

DATE _____

FAIRHAVEN CORPORATION
Whitewater, Wisconsin

REFERENCE REQUEST

APPLICANT NAME _____

I authorize the companies, schools or persons named below to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____

Position applied for _____

↑ Please complete only above this line. ↑

WORK REFERENCE

Name while employed _____

Position held _____

Employment dates: From _____ To _____

Reason for leaving _____

Would you rehire? Yes _____ No _____

Explanation _____

Signature _____

Title _____ Date _____

Comments _____

	Very Good	Good	Fair	Poor
Quality of Work				
Quantity of Work				
Dependability				
Initiative				
Response to supervision				
Cooperation with others				
Attendance				
Potential				

PERSONAL REFERENCE

How well do you know the applicant? Slightly Well Very Well

Years known? _____ Relationship to applicant _____

Have you had any knowledge of applicant in the last 12 months? Yes _____ No _____

Please rate the applicant on the following:

	Above Average	Average	Below Average	No Knowledge		Above Average	Average	Below Average	No Knowledge
Appearance					Initiative				
Dependability					Judgment				
Honesty					Maturity				

Signature _____

EDUCATIONAL REFERENCE

Name while attending _____

Degree/course/certification _____

Completion Date _____ Graduated? Yes _____ No _____

Comment _____

Signature _____ Title _____ Date _____