

# Odd Fellow Rebekah Home Association, Inc.

Odd Fellow Home  
1229 S. Jackson St.  
Green Bay, WI 54301

Rebekah Haven  
826 Grignon St.  
Green Bay, WI 54301

Astor Terrace Rehab  
1207 South Jackson Street  
Green Bay, WI 54301

## Application for Employment

An EOE the Odd Fellow Rebekah Home Association does not discriminate on the basis of race, color, sex, religion, citizenship, national origin, ancestry, veteran status, age, disability or status in any other protected group 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.

The Odd Fellow Rebekah Home Association is committed to the objective of creating a work place free of Drug and Alcohol abuse. We do Pre-employment, Random, Post Accident and Reasonable Suspicion Drug Screens.

*(Answer all questions - please print)*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Alternate Contact Information, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Odd Fellow Home \_\_\_\_\_ Rebekah Haven \_\_\_\_\_ Heritage Gardens \_\_\_\_\_ Corporate Office \_\_\_\_\_  
Position applied for \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Are you currently employed? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_  
Hours available \_\_\_\_\_  
Date able to start \_\_\_\_\_ Desired Wage/Salary \_\_\_\_\_

### *Education* (Highest year attained)

Elementary School \_\_\_\_\_  
High School \_\_\_\_\_  
College \_\_\_\_\_  
Degrees \_\_\_\_\_  
Other Schools or Formal Training \_\_\_\_\_

As a health care provider we are required by Federal and Wisconsin regulations to obtain and investigate every employee's background. As a health care employee you will be required to complete the HFS 64A Background Information Disclosure form upon employment and periodically thereafter. Failure to accurately complete the HFS 64A will result in termination.

Have you ever served in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No. Dates: \_\_\_\_\_

Branch \_\_\_\_\_

(Applicants who served in the military are required to provide a copy of their DD214 upon job offer.)

### *Employment Record*

Former Employers (List all employers in the past 10 years, starting with the last one first. Use an additional sheet, if necessary.)

1.) \_\_\_\_\_  
Name and Address Phone From-To Salary Position

Reason for leaving

2.) \_\_\_\_\_  
Name and Address Phone From-To Salary Position

Reason for leaving

3.) \_\_\_\_\_  
Name and Address Phone From-To Salary Position

Reason for leaving

4.) \_\_\_\_\_  
Name and Address Phone From-To Salary Position

Reason for leaving

5.) \_\_\_\_\_  
Name and Address Phone From-To Salary Position

Reason for leaving

6.) \_\_\_\_\_  
Name and Address Phone From-To Salary Position

Reason for leaving

***Personal References***

(Give the names of 3 persons not related to you, whom you have known at least one year.)

Name	Address	Telephone	Occupation	Yrs. Acquainted

I was referred to the Odd Fellow Rebekah Home Association, Inc. for employment by: \_\_\_\_\_

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

We require reference checks as part of your employment. Please provide us with any names, nicknames, or maiden name that will allow your previous place of employment/or references to identify you: \_\_\_\_\_

I understand that 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 mis-statement or omission of fact appearing on this application form and other employment forms.

If employed, I will be required to complete an Employment Verification Form (I-9).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date