

# EMPLOYMENT APPLICATION - Maple Ridge Care Center

Please Print Clearly. Fax your completed application to 715-635-7498.

## Personal Information

Date of Application \_\_\_\_\_

Date Available \_\_\_\_\_

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

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

Permanent Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
(If different from present address)

If you cannot be reached at above phone number, please give alternate number. Phone Number \_\_\_\_\_

## Employment Desired

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of: ☐ Full Time? ☐ Part Time? ☐ Temporary?

Are You 18 Yrs. of Age or Older? ☐ Yes ☐ No

Are You Employed Now? ☐ Yes ☐ No

May We Contact Your Present Employer? ☐ Yes ☐ No

How Did You Learn of this opening? \_\_\_\_\_

## Education

Circle Highest Grade Completed 9 10 11 12 13 14 15 16

Scholastic Honors Received \_\_\_\_\_

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes: Date __/__/__	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes: Date __/__/__	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes: Date __/__/__	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes: Date __/__/__	

Extracurricular Activities While in School: \_\_\_\_\_

Member of Professional Organizations: \_\_\_\_\_

Honors Received, Volunteer or Community Service or other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U.S. Armed Forces? ☐ Yes ☐ No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Month Day Year Month Day Year

## Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number	Verification
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment Record (list last or present position first)			
Present and Former Employers	Dates Employed	Salary Range	Position and 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: _____	
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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 service are under a name other than indicated on front of this application, please indicate that name here \_\_\_\_\_  
 Last First Middle Initial

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.)

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

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References				
Name	Title	Phone Number	Email Address	# of years Known