

**Encompass Healthcare
& Assisted Living, Inc.**
 1225 Tower Ave. Suite 228
 Superior, Wisconsin 54880
 Phone: 715-392-2780
 Fax 715-392-2781

Application for Employment

An Equal Opportunity / Affirmative Action Employer: Encompass Healthcare & Assisted Living, Inc. is an Equal Opportunity/ Affirmative Action Employer and fully subscribes to the principles of Equal Opportunity. Encompass Healthcare & Assisted Living, Inc. will not discriminate against or harass any employees or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to veterans with disabilities, veterans of the Viet Nam era, or public assistance.

Position(s) Applied for	Date of Application	How did you hear of this position?	
PERSONAL INFORMATION			
Last Name	First Name	Initial	Phone Number
Street Address			
City	State	Zip	Date available for work
Email Address:			

I am interested in working (please check all that apply)
 Full Time Part Time Weekends AM PM Any

I am available to work:
 Days Afternoons Evenings Overnights Weekends

Please indicate your hours of availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Have you ever been employed with Encompass Healthcare & Assisted Living, Inc. before? _____
 If yes, when?: _____

Please note any prior training and or experience you have working with people with disabilities:

EMPLOYMENT HISTORY

We may contact employers listed below unless you indicate those you do not want us to contact.
 Do not contact employee number(s):
 Reason:

Please give employment information beginning with most recent

Employer 1	Job Title	Dates Employed
Phone Number	Job Duties	Hourly Rate/Salary
Supervisor's Name		Reason for Leaving

Employer 2	Job Title	Dates Employed
Phone Number	Job Duties	Hourly Rate/Salary
Supervisor's Name		Reason for Leaving

Employer 3	Job Title	Dates Employed
Phone Number	Job Duties	Hourly Rate/Salary
Supervisor's Name		Reason for Leaving

Professional licenses or certificates held:

EDUCATION

	Name /Address of School	# of Years Attended	Did you Graduate?	Field of Study
High School				
College				
Vocational or Business				
Trade School				
Other				

REFERENCES

List three references that you have known at least one year that we may contact.

Name/Occupation	Phone Number	Relationship to you	Years Known

DRIVING STATUS

Do you possess a valid driver's license? YES NO

Driver's License # _____ State _____

Do you own a vehicle? Yes No Do you have valid car insurance? YES NO

Company vehicle is insured through: _____

EMPLOYMENT ELIGIBILITY

Are you 18 years of age or older? YES _____ NO _____

Are you legally eligible for employment in the USA? YES _____ NO _____

Have you ever been convicted of any offenses such as, but not limited to; homicide, crimes against the person, crimes of compulsion, sex crimes, drug crimes, incest, theft, burglary, arson, or obscene phone calls?

____ YES ____ NO If yes, please explain:

First Name	Middle Name	Last Name
Date of Birth	Gender	Drivers License #
Address	Social Security #	Phone Number
	City	State Zip
Other names by which subject has been known		
First Name	Last Name	
First Name	Last Name	
First Name	Last Name	