

# Application for Employment

Application Date: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Are you legally entitled to work in the United State? \_\_\_\_ Yes \_\_\_\_ No

Do you have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

Do you have current automobile insurance? \_\_\_\_ Yes \_\_\_\_ No

Have you worked with people with disabilities? \_\_\_\_ Yes \_\_\_\_ No

If yes, what did you do? \_\_\_\_\_

Describe and training or experience you have had: \_\_\_\_\_

Are you able to assist an individual with a disability with transportation? \_\_\_\_ Yes \_\_\_\_ No

What hours/days are you available to work? \_\_\_\_\_

If there are certain times you cannot work, please list them: \_\_\_\_\_

Have you ever been convicted of any criminal charges, or are you waiting trial anywhere, including federal, state, local, military and tribal courts? Yes  No  If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s):  
\_\_\_\_\_

## EDUCATION:

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Did you Graduate: \_\_\_\_ Yes \_\_\_\_ No

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Did you Graduate: \_\_\_\_ Yes \_\_\_\_ No

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Did you Graduate: \_\_\_\_ Yes \_\_\_\_ No



Special Training/Skills/Licenses/Certifications (First Aid, CPR, HHA, CNA): \_\_\_\_\_

**PAST EMPLOYMENT:**

1.

Employer's Name & Location:	Date of Employment: Began: _____ Ended: _____
Supervisor's Name/Title:	Reason for Leaving: _____
Phone No. of Supervisor:	Hourly Rate/Salary: Start _____ Final _____
Brief Job Description (include position title)	<b>May we contact this employer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

2.

Employer's Name & Location:	Date of Employment: Began: _____ Ended: _____
Supervisor's Name/Title:	Reason for Leaving: _____
Phone No. of Supervisor:	Hourly Rate/Salary: Start _____ Final _____
Brief Job Description (include position title)	<b>May we contact this employer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

3.

Employer's Name & Location:	Date of Employment: Began: _____ Ended: _____
Supervisor's Name/Title:	Reason for Leaving: _____
Phone No. of Supervisor:	Hourly Rate/Salary: Start _____ Final _____
Brief Job Description (include position title)	<b>May we contact this employer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES:** Please list the names and telephone numbers of three people, not related to you, whom you have known for at least one year.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone(Day/Evening): \_\_\_\_\_  
 Years Known: \_\_\_\_\_ How does this person know you: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone(Day/Evening): \_\_\_\_\_  
 Years Known: \_\_\_\_\_ How does this person know you: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone(Day/Evening): \_\_\_\_\_  
 Years Known: \_\_\_\_\_ How does this person know you: \_\_\_\_\_



**PEACEFUL LIVING FISCAL AGENT SERVICES**  
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Please read carefully and sign:

Neither the acceptance of the employee application nor entry into any type of employment relationship or employment agreement with a Member/Managing Party for the consideration of employment shall serve to create an actual or implied contract of employment with Peaceful Living, LLC.

I authorize investigation of all statements provided to the Member/Managing Party or contained in the employee paperwork. I understand that misrepresentation or omission of facts called for is a cause for dismissal at any time without notice. I hereby give the Member/Managing Party permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Member/Managing Party from any liability as a result of such contact.

I understand that employment remains conditional until the results of the criminal background check have been received and approved. I also understand that the results of the criminal background check or any future criminal background checks may be shared with the approving entity (MCO, county, etc.) and/or the Member/Managing Party I work with.

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Participant Applying For: \_\_\_\_\_

Pass Background Check: \_\_\_\_\_

Hired:        YES         NO

