

# Application for Employment



It is the policy of Pine Haven Christian Home to provide equal opportunity with regard to all terms and conditions of employment. The Company complies with federal and state laws prohibiting discrimination on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, marital status, military participation or any other protected characteristic.

531 Giddings Avenue  
Sheboygan Falls, WI 53085  
(920) 467-2401  
www.pinehaven.org

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Shift(s) preferred: 1  2  3  Any   
City/State/ZIP: \_\_\_\_\_ Would you accept full-time work? Yes  No   
Position applied for: \_\_\_\_\_ Would you accept part-time work? Yes  No   
Have you ever been employed here before? No  Yes  Dates of employment: \_\_\_\_\_  
Do you have a legal right to be employed in the U.S.? Yes  (if yes, proof is required.) No   
Are you of legal age to work? Yes  No

## Educational Background

### Grammar School:

Name and Location: \_\_\_\_\_  
Did you graduate? Yes  No

### High School:

Name and Location: \_\_\_\_\_  
Did you graduate? Yes  No

### Vocational or other training:

Name and Location: \_\_\_\_\_  
Course of Study: \_\_\_\_\_  
Did you graduate? Yes  No  Certificate, degree or diploma \_\_\_\_\_

### College:

Name and Location: \_\_\_\_\_  
Course of Study: \_\_\_\_\_  
Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_

### Graduate School:

Name and Location: \_\_\_\_\_  
Course of Study: \_\_\_\_\_  
Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_

## Previous Employment List most recent employer first.

<b>Company Name:</b> _____	<b>Contact Name:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____
<b>Position:</b> _____	<b>Employed From</b> _____ <b>To</b> _____
<b>Reason for Leaving:</b> _____	<b>Last Wage:</b> \$ _____
<b>Company Name:</b> _____	<b>Contact Name:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____
<b>Position:</b> _____	<b>Employed From</b> _____ <b>To</b> _____
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<b>Reason for Leaving:</b> _____	<b>Last Wage:</b> \$ _____
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<b>Company Name:</b> _____	<b>Contact Name:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____
<b>Position:</b> _____	<b>Employed From</b> _____ <b>To</b> _____
<b>Reason for Leaving:</b> _____	<b>Last Wage:</b> \$ _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT WILL BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS ADMINISTRATOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE ADMINISTRATOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_