



APPLICATION FOR EMPLOYMENT and PERSONNEL RECORD

PERSONAL

| | | | | |
|--|-----------------------------------|-----------|---|-----------|
| Name (Last | | First | Middle) | Telephone |
| Address | | | Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state age ____ | |
| Social Security Number | Date of Last Physical Examination | | Date of Last TB Test | |
| Have you ever been employed under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list all names used: | | | | |
| You are available and willing to work: (Check all that apply) | | Days: | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> | |
| | | Evenings: | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> | |
| | | Nights: | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> | |
| Do you possess a valid Wisconsin Driver's License? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Has your Driver's License ever been suspended or revoked? If yes, please explain: | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Nearest Living Relative--Name | | Telephone | Relationship | |
| Address | | | | |

POSITION APPLIED FOR

| | | | |
|--------------------|----------------|-------|--------------------|
| Title | Desired Salary | Hours | Date of Employment |
| Name of Supervisor | | | |

CURRENT EMPLOYER

| | | | | |
|------------------------------|-----------|------------------------|--------------------|---------|
| Name and Address of Employer | Telephone | Job Title/Type of Work | Reason for Leaving | Started |
| | | | | |

PREVIOUS EMPLOYMENT (List most recent experience first. If more space is needed, attach separate page.)

| Name and Address of Employer | Telephone | Job Title and Type of Work | Reason for Leaving | Dates | |
|------------------------------|-----------|----------------------------|--------------------|-------|----|
| | | | | From | To |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

EDUCATION

| | | |
|---|----------------------------|---------|
| Circle Highest Year Completed 6 7 8 9 10 11 12 | Name and Address of School | Diploma |
|---|----------------------------|---------|

Currently Enrolled in High School Completion Course: Yes ☐ No ☐ Completion Date _____

EDUCATION (Continued)

| Name and Address of University, College, or Business School | Major Subject | No. of Years Completed | Diploma/Degree Certificate | Date Completed |
|---|---------------|------------------------|----------------------------|----------------|
| | | | | |
| | | | | |

Employment-Related Education Courses, Professional and Technical Qualifications/Training

| Course Title | Name and Address of School or Organization | No. of Units Completed | Date Completed | Currently Enrolled |
|--------------|--|------------------------|----------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List Licenses or Certificates of Competence held:

Names of Professional, Trade, Business, or Civic Activities of which you are a Member and Offices Held:

REFERENCES

List names of three persons who can give information about your background, character, abilities, etc.

| Name and Address | Telephone | Relationship to You (Friend, Employer, etc.) |
|------------------|-----------|---|
| | | |
| | | |
| | | |

ADDITIONAL INFORMATIONDo any of your friends or relatives, other than spouse, work here? Yes ☐ No ☐

If yes, state name, relationship and location:

Are you currently employed? Yes ☐ No ☐ May we contact your present employer? Yes ☐ No ☐I am prevented from lawfully becoming employed in this country due to Visa or Immigration Status. Yes ☐ No ☐***Proof of citizenship or immigration status will be required upon employment.***Are you currently on "Lay-off" status and subject to recall? Yes ☐ No ☐

Date available for work ____ / ____ / ____

How did you learn about
Hilltop? Advertisement ☐ Relative ☐ Friend ☐ Inquiry ☐
Employment Agency ☐ Other ☐ (list)

Describe any extra-curricular activities and hobbies.

Why do you think you would be a good applicant for employment at this facility?

NOTES:

Applicant's email address:

I certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

Signature of Applicant/Employee

Date

CIVIL RIGHTS INFORMATION OPTIONAL -- You may decline to complete this portion.

Hilltop Home Care Inc. is required to track the race, ethnicity and gender of its applicants.

The following information is voluntary. It is the same information collected on U.S. Census forms. Hilltop uses it to track the race, ethnicity and gender of potential employees to ensure nondiscrimination in hiring. You are not required to complete this portion of the application.

This portion of the application will be kept separate and used for tracking purposes only.

| | | | | |
|-----------|--|--|--|--|
| Gender | Female <input type="checkbox"/> | Male <input type="checkbox"/> | | |
| Ethnicity | Hispanic/Latino <input type="checkbox"/> | Not Hispanic/Latino <input type="checkbox"/> | | |
| Race | American Indian or Alaskan Native <input type="checkbox"/> | Asian <input type="checkbox"/> | Black or African American <input type="checkbox"/> | |
| | Native Hawaiian or other Pacific Islander <input type="checkbox"/> | White <input type="checkbox"/> | More than one race <input type="checkbox"/> | |



Hilltop Home Care Inc. is an Equal Opportunity Employer.