



903 Main Avenue
 P.O. Box 460
 Crivitz, WI 54114
 (715) 854-2717
 FAX (715) 854-2554

EMPLOYMENT APPLICATION

NEWCare, Inc. is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, marital status, medical condition, disability, genetic information, arrest or conviction record, membership in the military reserve or any other category protected under the law.

Please fill in all spaces; enter N/A if item does not apply to you.

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

REFERRED BY: _____

Last Name	First	Middle Initial	Primary Telephone Number (include area code):
Street Address			Secondary Telephone Number (include area code):
City, State, Zip			May we contact you at both numbers?
Are you legally eligible for employment in the United States?		Have you ever been employed by NEWCare before? If yes give date and former name if applicable:	
Are you over 18?	Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Date available to begin work:
Are you available for: <input type="checkbox"/> Shift Work <input type="checkbox"/> Weekend Work <input type="checkbox"/> Overtime			Preferred Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night
Name and location of last school attended:			Circle highest grade completed in school: 8 9 10 11 12 13 14 15 16 17 18
Please indicate any specialized training you may have for this position:			
In case of emergency notify:	Name		Relationship
	Address		Telephone

EMPLOYMENT HISTORY: Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer. Account for ALL TIME for the past five (5) years. Indicate name used if different than name on this application.

Company Name:	Telephone:	Employed (month and year) From _____ To _____
Address		Wage (per hour) Start _____ Last _____
Title of Position Held	Name of Supervisor	Hours per week
Responsibilities		Reason for Leaving

Company Name:	Telephone:	Employed (month and year) From _____ To _____
Address		Wage (per hour) Start _____ Last _____
Title of Position Held	Name of Supervisor	Hours per week
Responsibilities		Reason for Leaving

Company Name:	Telephone:	Employed (month and year) From _____ To _____
Address		Wage (per hour) Start _____ Last _____
Title of Position Held	Name of Supervisor	Hours per week
Responsibilities		Reason for Leaving

May we contact your present employer?

If so, please sign:

AUTHORIZATION & RELEASE

- ♦ I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge.
- ♦ I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.
- ♦ I hereby authorize investigation of all statements contained herein by NEWCare, Inc., and the references and employers listed above to give NEWCare any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the person, company, or former employer from all liability for any damage that may result from utilization of such information.

Signature: _____ Date: _____

It is the policy of NEWCare, Inc., not to discriminate against any employee or applicant for employment, nor does NEWCare, Inc., tolerate harassment of any kind because of race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State Military Forces, use or nonuse of lawful products off the employer's premises during non-working hours. This policy applies not only to employment, but also to promotion, demotion, transfer, recruitment, termination and other personal matters.

Please read and initial each of the following statements. If you have a question regarding any of these statements ask the Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

_____ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

_____ I hereby authorize NEWCare to investigate all statements contained herein and the references and employers listed above to give NEWCare any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release and hold harmless NEWCare, its officers, agents, and employees and the person(s) providing the information, from all liability for any damage that may result from utilization of this information.

_____ I authorize NEWCare, its officers, agents, and employees to conduct a driver's license and/or criminal background check prior to making a decision regarding employment. I release and hold harmless NEWCare, its officers, agents, and employees, and the person(s) providing the information, from any liability related to the performance or result of this check.

Print Name: _____

Signature: _____ Date: _____

PERSONAL REFERENCES

NAME	TELEPHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is the policy of NEWCare, Inc., to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State Military Forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non merit factors, except where such factors constitute a bona fide occupational qualification.

I understand that any offer of employment I may receive from NEWCare, Inc., (Company) is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the Company may require. I understand as a condition of employment, I may be required to undergo and successfully pass a screening for drugs. I also understand and agree that if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of NEWCare, Inc. I hereby consent to having the results of any such alcohol and drug screening I may be required to undergo disclosed to NEWCare, Inc., this being a continuing authorization and only revoked if the collection center has received a written revocation from me.

I understand that NEWCare, Inc., may be required by federal regulation to investigate an applicant's background for convictions or pending charges including, but not limited to abuse, mistreatment, neglect or theft, and that this background check is done by a criminal record search. Relevant convictions or pending charges also include the sale, possession or use of illegal or controlled substances. Accordingly, I authorize NEWCare, Inc., to make a thorough investigation of my past employment criminal record and state nurse aide registry, if applicable, and agree to cooperate in such investigation and release from all liability or responsibility all persons supplying such information.

I understand that, if I am hired, I am required to abide by all NEWCare, Inc., policies and procedures, which are subject to modification. Nothing in this application or in any prior or subsequent oral or written communication is intended to create a contract of employment or to create any rights in the nature of a contract. Any and all employment with the Company is "at will."

Finally, by my signature below, I authorize and request that all of my present and former employers and those individuals I have listed a personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information.

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____

Submission of this application does not guarantee employment.