



Application for Employment

Alten Haus, llc  
Assisted Living Facility

625 and 635 Bondow Drive, Neenah, WI 54956  
1091 Jacobsen Road, Neenah, WI 54956  
Phone: 920.470.9040

Alten Haus is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, gender, sexual preference, veteran status or disability or any other basis prohibited by federal or state law. As an equal opportunity employer, this company intends to fully comply with all federal and state laws. The information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request accommodations. At the time of application you are not required to provide date of birth, however to complete your hiring process – per HFS 83 – you will be required to provide that information to complete the criminal background check.

Position Applied for \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip Code

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

Are you legally eligible for employment in the USA?  Yes  No

If under 18 years of age, state birth date: \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Desired Rate: \_\_\_\_\_

Employment Preference:  Full Time  Part Time  Limited Term/Temporary  
 Days  Evenings  Third Shift

Have you ever been employed by Alten Haus? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No Date: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
(This will not automatically exclude you from consideration for employment)

Alten Haus Policy:

1. Criminal background check completed prior to hiring – see attached
2. TB and Communicable disease screen prior to scheduled floor time
3. Orientation and training is paid at minimum wage
4. Probationary period is 90 days from the date of hire
5. We enforce attendance – you must be to work on time – work as scheduled
6. We work weekends and holidays
7. Scrubs to be worn. NO jeans. Well groomed and neat appearance
8. Minimal jewelry and make up – Tattoos must be covered
9. Professional behavior and respectful of confidentiality
10. I will follow all policies and procedures as set forth by Alten Haus
11. I will report any suspected abuse immediately

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Education**

Name and Location	Dates Attended	Major Studies	Graduate?	Diploma/Degree
High School/GED				
Technical School				
College				

Are you currently pursuing further studies?     Yes     No

Professional Affiliations:	Certification/Registration	Expiration Date
____ Certified Nursing Assistant	_____	_____
____ Liscensed Practical Nurse	_____	_____
____ Registered Nurse	_____	_____

DHS Training: (83.20)

Item	Date	Certificate Attached
TB/Communicable Screen		
Hepatitis B		
Standard Precautions		
Fire Safety		
First Aid / Choking		
Medication		

Complete if NOT a CNA: (83.21)

Training/Certificate	Date	Certificate Attached
Resident Rights		
Clirt Group		
Recognizing preventing, responding: Challenging		

Behaviors		
<b>83.22 task specific Training</b>	<b>Date</b>	<b>Certificate Attached</b>
Assessments of residents ISP Development		
Provision of Personal Care		
Dietary Training		

Please list any special training/skills that you have received:

Computer Skills: \_\_\_\_\_ Fax Machine: \_\_\_\_\_ Cooking \_\_\_\_\_

Military Record

Military Service Date: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Reserve Status: \_\_\_\_\_ Active \_\_\_\_\_ In-Active \_\_\_\_\_ None  
 Rank at Discharge: \_\_\_\_\_

Employment History

Company Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Position/Responsibilities: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Position/Responsibilities: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

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 Position/Responsibilities: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Position/Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

List Three Professional References (not friends or relatives) whom we may contact for a reference:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Read Carefully Before Signing**

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin, or ancestry, age, disability, marital status, sexual orientation, or any other protected basis as required by federal, state, or local laws. No information on this application will be used for any discriminatory purpose with regard to any such protected class.

I understand that receipt of this application does not guarantee a job interview or offer of employment. I certify that all the information I furnish in my employment application, on related documents, and during any employment interview is true and complete and that I have included any additional information or explanations that may be appropriate. I understand that any false statements by me on this application or in any related document or the omission of any requested information will be cause for refection of my application or for my dismissal if I have already been employed.

I authorize Alten Haus, llc to investigate all statements contained in this application. I also authorize listed employers and references to make full response to any inquiry by Alten Haus in connection with my application for employment. I release and hold harmless Alten Haus and any organization that provides information to Alten Haus in connection with my application for employment from any and all liability for obtaining and providing such information.

I understand that if I am hired, I will follow policies and procedure as outlined in the employee hand book and other written documents.

This application will be kept on active file for six months. After six months, applicants must submit a new application for any position for which they wish to be considered.

I acknowledge that I have read and understand the above information.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

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Offer Made: \_\_\_\_\_ Date Offered: \_\_\_\_\_ Date Accepted: \_\_\_\_\_  
Back Ground Check: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_  
Screening for: TB \_\_\_\_\_ HEP B \_\_\_\_\_ Communicable Disease \_\_\_\_\_  
Salary: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Job Title: \_\_\_\_\_