



2330 & 2462 N. Prospect Avenue  
Milwaukee, WI 53211  
(414) 224-9700  
Fax: (414) 224-0249

# Employment Application

*This application expires 60 days  
from the date entered below.*

PLEASE PRINT OR TYPE

## POSITION APPLIED FOR

<b>Position Title:</b>		<b>Date Applied:</b> / /																								
<b>Interested in:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Limited Part Time <input type="checkbox"/> In-House Pool <input type="checkbox"/> On Call																										
<b>Hours Available Per Week:</b> _____		<b>What is your preferred shift to work?</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>																								
<b>Please indicate your availability to work:</b>																										
<table border="1"><tr><td></td><td style="text-align: center;">Sunday</td><td style="text-align: center;">Monday</td><td style="text-align: center;">Tuesday</td><td style="text-align: center;">Wednesday</td><td style="text-align: center;">Thursday</td><td style="text-align: center;">Friday</td><td style="text-align: center;">Saturday</td></tr><tr><td style="text-align: right;">From</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td style="text-align: right;">To</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>				Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	From								To							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																			
From																										
To																										
<b>Desired wage:</b> \$            / hour	<b>Date available to start:</b> /   /	<b>Available for Overtime:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																								
<b>How were you referred?</b> <input type="checkbox"/> Advertisement <input type="checkbox"/> Job Service <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employee: _____																										
<b>What led you to apply?</b>																										

## PERSONAL INFORMATION

<b>Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>
<b>Present Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Primary Phone:</b> (    )    -	<b>Email:</b>	
<b>Secondary Phone:</b> (    )    -		
<b>Have you ever been employed by the Milwaukee Catholic Home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>When:</b>	<b>Under which Name:</b>
<i>If yes, reason for leaving:</i>		
<b>Have you previously applied to the Milwaukee Catholic Home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>When:</b>	<b>Under which Name:</b>
<b>Are you legally authorized to work in the US?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you under 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you ever been convicted, or had a plea of nolo contendere (no contest) for any offense or violation (including felony or misdemeanor) other than minor traffic violations?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>		

*No applicant will be denied a position because of a pending criminal charge or conviction for (or plea of nolo contendere to) an offense or violation (whether criminal or otherwise), which the Milwaukee Catholic Home determines is not substantially related to the circumstances of the position(s) sought.*

## EDUCATION HISTORY

	Name of School	Location	Graduated	Degree/Major	GPA
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/Technical:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post-Graduate:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Apprenticeship:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Are you professionally licensed or registered with any professional group, association, or society relating to the job for which you are applying?**

Registration/License No.:	
State:	Date of Expiration:        /    /
<b>List any additional experiences, skills, and qualifications that you believe relate to the job(s) for which you are applying:</b>	

**EMPLOYMENT RECORD**

*List all present and past employment beginning with the most recent. May we contact your present employer?*    Yes    No

Employer:	Dates Employed:        /    /        to    /    /	
Employer's Address: (street, city, state, zip)		
Employer's Phone:    (       )        -	Hourly Rate/Salary:	Start:    \$
Your Job Title:		Final:    \$
Your Supervisor:	Reason for Leaving:	
Duties Performed/ Responsibilities:		

Employer:	Dates Employed:        /    /        to    /    /	
Employer's Address: (street, city, state, zip)		
Employer's Phone:    (       )        -	Hourly Rate/Salary:	Start:    \$
Your Job Title:		Final:    \$
Your Supervisor:	Reason for Leaving:	
Duties Performed/ Responsibilities:		

Employer:	Dates Employed:        /    /        to    /    /	
Employer's Address: (street, city, state, zip)		
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Duties Performed/ Responsibilities:		

Employer:	Dates Employed:        /    /        to    /    /	
Employer's Address: (street, city, state, zip)		
Employer's Phone:    (       )        -	Hourly Rate/Salary:	Start:    \$
Your Job Title:		Final:    \$
Your Supervisor:	Reason for Leaving:	
Duties Performed/ Responsibilities:		

**PERSONAL REFERENCES** (no personal friends or family)

<b>Name:</b>	<b>Job Title:</b>
<b>Company Name:</b>	<b>Phone Number:</b> ( ) -
<b>Address:</b> (street, city, state, zip)	
<b>Relationship:</b>	<b>Time Known:</b> year(s)
<b>Name:</b>	<b>Job Title:</b>
<b>Company Name:</b>	<b>Phone Number:</b> ( ) -
<b>Address:</b> (street, city, state, zip)	
<b>Relationship:</b>	<b>Time Known:</b> year(s)
<b>Name:</b>	<b>Job Title:</b>
<b>Company Name:</b>	<b>Phone Number:</b> ( ) -
<b>Address:</b> (street, city, state, zip)	
<b>Relationship:</b>	<b>Time Known:</b> year(s)

**AGREEMENTS**

**ARE YOU SUBJECT TO ANY EMPLOYMENT AGREEMENT OR EMPLOYMENT TERMINATION AGREEMENT WITH ANOTHER EMPLOYER (INCLUDING BUT NOT LIMITED TO, EMPLOYMENT CONTRACTS, NON-COMPETE AGREEMENTS, AND/OR CONFIDENTIALITY AGREEMENTS)?**  Yes  No *If yes, please attach a complete and accurate copy of each agreement.*

I certify that the facts set forth in this application are true, correct, and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of The Milwaukee Catholic Home for its acts performed in connection with evaluating my application, background, credentials, and qualifications. I hereby further authorize any party (including the companies, schools, and organizations listed in this application form) to release any information they may have about me to the Milwaukee Catholic Home including all of my personnel records with prior employers. I also release all persons, companies, schools, and organizations (and all persons connected with them) who provide such information to The Milwaukee Catholic Home from any and all liability for providing this information. I understand that if any of the information on this application form is discovered to be incorrect, false, or misleading or if there are any misrepresentations or omissions of any kind whatsoever, that The Milwaukee Catholic Home may deny me employment or terminate my employment, and I agree that The Milwaukee Catholic Home shall not be liable in any respect if it does so.

I also understand that my employment at The Milwaukee Catholic Home is contingent on the satisfactory completion of a physical examination, which will include a drug screen, and an investigation of my criminal background, work record, and references. I consent to a post-offer physical examination and such future examinations as may be required by the Milwaukee Catholic Home, which may include drug screens as required.

I understand that The Milwaukee Catholic Home requires all employees to receive an annual flu vaccination as a condition of employment. This helps to ensure that we are doing all we can to protect everyone's health and safety. This policy also applies to all Milwaukee Catholic Home volunteers, all contracted personnel, students and trainees in any setting. There is an exception process for those with a nationally accepted, documented, medical contraindication or religious belief.

I understand that if I am employed by the Milwaukee Catholic Home, any such employment is not binding on either party for any specific period of time. I further understand that no representative of the Milwaukee Catholic Home, other than the CEO, has any authority to enter into agreement for employment for any specified period of time. Any such agreement must be in writing and signed by the CEO. I understand that if employed I will be an employee-at-will and that either The Milwaukee Catholic Home or I may terminate that employment relationship at any time, for any reason, with or without notice.

I understand the Milwaukee Catholic Home's policy of equal employment opportunity without regard to age, race, color, creed, religion, handicap, disability, marital status, sex, sexual orientation, national origin, ancestry, arrest records, status as a disable veteran of the Vietnam era or membership in the National Guard, state defense force, or any other reserve component of the military forces of the United States or Wisconsin, as required by law.

**Applicant Signature:** \_\_\_\_\_ **Date:** / /



**AUTHORIZATION & RELEASE  
(Milwaukee Catholic Home  
Applicant)**

I am applying for employment with the Milwaukee Catholic Home, Inc. I voluntarily and knowingly authorize any former employer, person, firm, corporation, school, or government agency, its officers, employees, and agents to release any and all information regarding my former employment to this prospective employer, its officers, employees, and agents, or any other person or entity making a written or oral request for such information on behalf of this company. I understand that the employment information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless such former employer, person, firm, corporation, or government agency, its officers, employers, or agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee, or agent disclosing such facts known are untrue.

This authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this authorization may be used by the Milwaukee Catholic Home and shall be valid as the original.

**Applicant Name:** \_\_\_\_\_

**Last Four Digits of  
Social Security No.:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:**    /    /    \_\_\_\_\_