



Colby Senior Care, LLC
510 W. Wausau Street
Colby, WI 54421

Phone: 715-223-1612
Fax: 715-223-2105

Personal Information

First Name	Last Name	Middle Name	Social Security Number
Street Address		City	State Zip
Daytime Number ()	Nighttime Number ()	E-mail Address:	
Are you a US citizen or otherwise authorized to work in the US on an unrestricted basis? ☐ Yes ☐ No			
Are you under the age of 18? ☐ Yes ☐ No		If yes, do you have an employment/age certificate? ☐ Yes ☐ No	
Have you been convicted of or plead no contest to a felony within the last five years? ☐ Yes ☐ No			
If yes, please explain:			

Position/Availability

Desired Position:	Type of employment desired: ☐ Full time ☐ Part time ☐ Contract
When are you available to work?	Have you worked for us in the past? ☐ Yes ☐ No If yes, when:
Availability:	

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest:							
Latest:							

Education

Name & Address of School	Areas of Study	Graduation Date
High School		
College		
Trade, business, other		

Special skills and qualifications: List job-related licenses, skills, training, honors, awards, and special accomplishments.

Employment History (starting with your current or most recent employment)

Position Title		Employer	
Address		Phone	
Supervisor		Email	
Start Date:	End Date:	Starting Salary:	Ending Salary:
Responsibilities:			
Reason for leaving:			
May we contact this employer? ☐ Yes ☐ No			

Position Title		Employer	
Address		Phone	
Supervisor		Email	
Start Date:	End Date:	Starting Salary:	Ending Salary:
Responsibilities:			
Reason for leaving:			
May we contact this employer? ☐ Yes ☐ No			

Position Title		Employer	
Address		Phone	
Supervisor		Email	
Start Date:	End Date:	Starting Salary:	Ending Salary:
Responsibilities:			
Reason for leaving:			
May we contact this employer?			
☐ Yes ☐ No			

References

1. Name	Title	Address and Phone Number
How does this person know you?		How long has this person known you?
2. Name	Title	Address and Phone Number
How does this person know you?		How long has this person known you?
3. Name	Title	Address and Phone Number
How does this person know you?		How long has this person known you?

How did you hear about our Company? _____

Certification Statement

I certify that the information I have provided in this application is true to the best of my knowledge and I understand that I may be required to verify the information before being appointed. I understand that any false, misleading, or missing information may disqualify me from employment consideration.

Please date and sign on the line below to verify that you have read and understand the certification statement.

Signature	Date
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