



Dear Applicant:

Thank you for your interest in employment with Cedar Crest, Inc. I would like to take this opportunity to inform you about the hiring process here at Cedar Crest, Inc.

Applicants that we are considering for employment will be contacted within 2 weeks of submitting the application. This gives our department managers a chance to look over the applicant's work history to see if you have the experience and education we require for the position for which you are applying.

In the event that you are chosen to go further in the hiring process you will be called for an interview so it is important that you have current, valid contact information listed on the application. If you have not been contacted within 3 weeks we have decided to pursue other applicants. Please do not call Cedar Crest to check on your application.

If you have any questions that have not been already answered please feel free to call at 608-373-6305 and again, thank you for your interest in employment at Cedar Crest, Inc.

Sincerely,

Steve Kellett
Human Resource Manager
Cedar Crest, Inc.



EMPLOYMENT APPLICATION

Cedar Crest, Inc. fully subscribes to the principles of Equal Employment Opportunity. It is the policy of Cedar Crest, Inc. to provide employment, compensation, and other benefits related to employment based on qualifications without regard to: race, color, religion, national origin, age, gender, veteran status, disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this facility intends to comply fully with all federal and state laws, and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT

Date of Application: _____

Name: _____
(First) (Last) (M.I.)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Are you legally authorized to work in the U.S.? YES NO Are you at least 18 years old? YES NO

Have you ever filed an application here before? YES NO If YES, how long ago? _____

Have you ever been employed here before? YES NO If YES, When? _____

List relatives or friends currently employed at Cedar Crest: _____

How did you hear about the position at Cedar Crest, Inc.?

Janesville Gazette **Jobnet** **Friend/Relative** **Other, Please list:** _____

Position Applying for: _____ **Salary Desired:** _____

Will you accept: Full time Part time Flex Seasonal Every other weekend
(check all that apply)

Shift(s) you are available for work: Days PM's Nights **Date available for Work:** _____

Are you available to work: Weekends & Holidays Rotating shifts On Call

Have you ever been convicted of any law violation other than a minor traffic violation in the past seven years?

YES NO If Yes, Please explain: _____

Do you have any criminal charges currently pending against you: YES NO If yes, please explain: _____

Please note: Arrest and/or conviction record will only be considered if substantially related to the circumstances of the position.

RECORD OF EDUCATION

School Name & Location	# Years Attended	Course of Study	Did you Graduate?	List Diploma or Degree
High School				
Technical School or College				
Technical School or College				
Other				

PROFESSIONAL LICENSES and/or CERTIFICATIONS

Type: _____ State: _____ License No. _____ Expiration Date: _____
 Type: _____ State: _____ License No. _____ Expiration Date: _____

C.N.A./LPN/RN must provide copy of license and C.N.A. Report Card from Blackhawk Technical College if available

Please summarize any previously acquired skills and qualifications that would qualify you for the position(s) for which you are applying.

REFERENCES

List 3 individuals (who are not relatives) whom we may contact for references.

NAME & RELATIONSHIP	COMPANY NAME & ADDRESS	TELEPHONE

EMPLOYMENT EXPERIENCE

List current and each and every past place of employment, beginning with your most recent employer.

Failure to list all places of employment will be basis for rejecting your application.

Employer _____ Phone _____

Address *City/State/Zip* _____

Position/Title _____ Supervisor's Name/Title _____

Start Date _____ End Date _____ Rate of Pay _____

Job Duties _____

Reason for Leaving _____

Employer _____ Phone _____

Address *City/State/Zip* _____

Position/Title _____ Supervisor's Name/Title _____

Start Date _____ End Date _____ Rate of Pay _____

Job Duties _____

Reason for Leaving _____

Employer _____ Phone _____

Address *City/State/Zip* _____

Position/Title _____ Supervisor's Name/Title _____

Start Date _____ End Date _____ Rate of Pay _____

Job Duties _____

Reason for Leaving _____

Employer _____ Phone _____

Address *City/State/Zip* _____

Position/Title _____ Supervisor's Name/Title _____

Start Date _____ End Date _____ Rate of Pay _____

Job Duties _____

Reason for Leaving _____

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a 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.

Initial:

_____ I authorize any person contacted to provide Cedar Crest, Inc. any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I release and hold harmless Cedar Crest, Inc., their officers, agents and employees, and the person (s) providing the information from any liability related to the providing of this information.

Initial:

_____ I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with Cedar Crest, Inc. I consent freely and voluntarily to participant in required drug tests and/or a pre-employment physical exam at a location selected by Cedar Crest, Inc, and consent to the release of the test results to Cedar Crest, Inc. I hereby release and hold harmless Cedar Crest, Inc, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

_____ I authorize Cedar Crest, Inc., its officers, agents, and employees to conduct a background criminal check and, if applicable to the position for which I am applying, a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless Cedar Crest, Inc., their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by Cedar Crest, Inc. only if it substantially releases to the position applied for.

Initial:

_____ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, Cedar Crest, Inc. reserves the right to terminate my employment at any time. All employees are considered at-will employees.

Initial:

_____ I agree to use such personal protective equipment and devices as may be required by Cedar Crest, Inc. and to comply with safety rules and requirements. In addition, I understand that Cedar Crest, Inc. maintains a workplace free from drugs, harassment and violence.

Initial:

_____ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of Cedar Crest, Inc. has the authority to make any assurances to the contrary.

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.

Cedar Crest, Inc. is committed to the equality of opportunity for all people. It is the policy of Cedar Crest, 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.

Applicant's Signature

Date

PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION

Cedar Crest, Inc.
Recruitment Information

This form is not part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for Cedar Crest, Inc. employment. They will, however, help us to assess our recruiting effort. Filling out this form is voluntary. We ask your cooperation in providing us with the following information.

PLEASE PRINT OR TYPE

1. NAME: _____

Last

First

M.I.

2. ADDRESS: _____

Street

City

State

Zip

3. POSITION(S) APPLYING FOR: _____

4. RACIAL/ETHNIC GROUP: How do you describe yourself in terms of the following groups?

_____ A. **White, not of Hispanic origin:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ B. **Black/African American or African:** A person having origins of any of the black racial groups of Africa. Includes Haitians and other persons of African origin from the West Indies who are not Hispanic/Latinos.

_____ C. **American Indian or Alaska Native:** A person descending from any of the original peoples of North, South or Central America who possess ¼ degree of documented tribal descendancy or is enrolled with a federally and state recognized tribe.

_____ D. **Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.

_____ E. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ F. **More Than One Race:** A person designating more than one of the racial groups above.

_____ F. **Hispanic/Latino Ethnicity:** A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. Includes persons from the Dominican Republic.

_____ G. **Not Hispanic/Latino Ethnicity:** A person who is not of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.

5. GENDER: _____ Male _____ Female

6. RECRUITMENT: How did you hear about the job in which you are most interested (Check only one)?

_____ A. Janesville Gazette

_____ B. Another Newspaper (which one: _____)

_____ C. Professional Journal (which one: _____)

_____ E. Bulletin Board (where: _____)

_____ F. Word of mouth: _____

_____ G. Internet (which website: _____)

_____ K. Other (explain: _____)

7. VETERAN STATUS: Please check one.

_____ A. Veteran: Branch of service: _____ and years: _____
Type of Discharge: _____

_____ B. Active Reserves

_____ C. None

8. DISABILITY STATUS: The Americans with Disabilities Act (ADA) defines an individual with a disability as "one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or who is regarded as having such an impairment." Based on this definition, are you an individual with a disability?

_____ Yes _____ No