

**BETHANY ST. JOSEPH CORPORATION**

# EMPLOYMENT APPLICATION

**Background checks in accordance with the WI. Caregiver Law, Sections 48.685 & 50.065, and Drug Testing are part of Bethany St. Joseph Corporation’s hiring process.**

**Mark the facilities/services you are interested in applying:**

Bethany St. Joseph Care Center 2501 Shelby Road, La Crosse, WI 54601 (608) 788-5700

Onalaska Care Center 1600 Main Street, Onalaska, WI 54650 (608) 783-4681

Marinuka Manor 19475 Silver Creek Road, Galesville, WI 54630 (608) 582-2211

Norseland Nursing Home 323 Black River Road, Westby, WI 54667 (608) 634-3747

BSJ Community Services 2501 Shelby Road, La Crosse, WI 54601 (608) 788-5700

***\*\* Please send this application to Bethany St. Joseph Corporation HR Office: 2501 Shelby Rd, La Crosse, WI 54601.***

For what position are you applying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date available to start work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of employment desired:  Full-time  Part-Time  On-Call

Preferred time of day and days available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the position?Walk-In BSJ Website Newspaper CareerBuilders Monster Indeed   
Radio TV Job Fair\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Posting\_\_\_\_\_\_\_\_\_\_\_\_ Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_

**Tell us about Yourself …**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional)

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

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under 18 years of age, a work permit is required. Does this apply to you?  Yes  No

Have you ever worked for this Corporation?  Yes  No Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Do you have a family member or committed relationship with anyone in this corporation (such as spouse, domestic partner, child, sibling, stepparent, in-laws, etc.)?  Yes  No If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify person(s) and relationship(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Education …**

**High School**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of years:  1  2  3  4 Diploma:  YES  NO  G.E.D.

**College/Vocational School:**

School Name: Location:

# of years completed: Major: Degree Earned:

School Name: Location:

# of years completed: Major: Degree Earned:

**List any Professional Licenses or Certifications:**

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State Issued:\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State Issued:\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_

Tell us about any special training, skills and/or military experience pertinent to the position for which you are applying:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Employment History and References …**

Please provide the following information for your **most recent three (3) employers** and **one (1) personal reference.**

Are you currently employed? Yes  No

(**1**) Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Employer's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_  
  
Employer's Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you grant permission to contact this employer? Yes  No

Ending Wage: $\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summarize nature of work & job responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**2**) Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Employer's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_  
  
Employer's Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you grant permission to contact this employer? Yes  No

Ending Wage: $\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summarize nature of work & job responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**3**) Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Employer's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_  
  
Employer's Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you grant permission to contact this employer? Yes  No

Ending Wage: $\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summarize nature of work & job responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Reference's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Statement…**

I certify that all information I have provided in order to apply for and secure work with Bethany St. Joseph Corporation is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from Bethany St. Joseph Corporation, whenever discovered.

I understand that Bethany St. Joseph Corporation does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law. I understand this application remains current for only 30 days. At the conclusion of that time, if I still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I authorize Bethany St. Joseph Corporation to contact and obtain information from all references (personal and professional), employers, educational institutions, licensing authorities, and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Bethany St. Joseph Corporation for this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Bethany St. Joseph Corporation for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice; and that Bethany St. Joseph Corporation reserves the same right to terminate my employment at any time, with or without cause, and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no management official other than the administrator has any authority to enter into any agreement contract to the foregoing or make any oral assurance or promise of continued employment.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that Bethany St. Joseph Corporation is a Drug-Free Workplace and I will be asked to consent to drug and/or alcohol testing as outlined in the corporation’s policy.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Clearly

An Equal Opportunity Employer, Bethany St. Joseph Corporation provides equal access to company programs, services, and employment opportunities.

Revised 10/17



**Bethany St. Joseph Corporation**

**Affirmative Action Survey**

*The intent of asking for the information below is to assist Bethany St. Joseph Corporation in meeting its commitments to equal opportunity and affirmative action. Completing this form is purely* ***VOLUNTARY*** *and* ***will have absolutely no effect on the status of your employment application.*** *This information is confidential and will be used for statistical purposes only.*

*Thank you for your cooperation.*

|  |  |
| --- | --- |
| **Name:** | **Today’s Date:** |

|  |
| --- |
| **Position Applied For:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Location of Position:** | Bethany St. Joseph Care Center | Bethany St. Joseph Corporation | Onalaska Care Center |
| Marinuka Manor | Norseland Nursing Home | Community Services |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender:** | Male | Female | **Age 40 or Older:** | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Disabled:** | Yes | No | (A disabled person is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Veteran:** | Yes | No | If yes, period of service: From:       To: |

**Ethnic Background:** (Check all that apply)

**African-American, Non-Hispanic** - A U.S. citizen having origins in any of the black racial groups of Africa.

**American Indian or Alaskan Native -** A U.S. citizen having origins in any of the original people of North America and who maintains identification through tribal affiliation or community recognition.

**Asian or Pacific Islander** - A U.S. citizen having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This area includes for example China, Japan, Korea, the Philippines, Samoa, and Hawaii.

**Hispanic -** A U.S. citizen of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

**White, Non-Hispanic** - A U.S. citizen having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Indicate how you learned of this position:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Walk-In | BSJ Website | Newspaper | Radio/TV Ad | CareerBuilders |
| Job Fair | School Posting | Referral | Monster | Indeed |
| Other: (Specify) | | | | |

**For HR Use Only**

**Was this individual interviewed:**  **Yes**  **No If No, reason:**

**Was this individual Hired:**  **Yes**  **No If No, reason:**

***Bethany St. Joseph Corporation is an Equal Opportunity Employer***