

# Application For Employment

Serenity Care Agency LLC 715-308-3800

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## Position

Position you are applying for	Available start date	Desired pay
Employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary		

## Education

School name	Location	Years attended	Degree received	Major

## References (business and professional only)

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (2)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (3)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	