



FAIRHAVEN CORPORATION  
Whitewater, Wisconsin

**EDUCATION**

High School \_\_\_\_\_ 7 8 9 10 11 12 College \_\_\_\_\_ 1 2 3 4 more

Business or trade school \_\_\_\_\_ Month attended \_\_\_\_\_

**PROFESSIONAL DATA**

Registration for (circle as appropriate) RN LPN CMA CNA

State \_\_\_\_\_ Date of registration or expiration \_\_\_\_\_ Number \_\_\_\_\_

Shift Desired 1st 2nd 3rd

**PERSONAL INFORMATION**

Are you legally authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.)

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime (felony)? Yes \_\_\_\_\_ No \_\_\_\_\_

(A conviction does not automatically bar you from employment.)

If yes, give details: \_\_\_\_\_

Do you have any special skills you wish to mention? \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, when would you be available? \_\_\_\_\_ Salary requirements? \_\_\_\_\_

**PERSONAL REFERENCES**

**COMPLETE ADDRESSES ARE NECESSARY for all references.**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical.

I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at anytime, at the option of either my employer or myself.

Signature \_\_\_\_\_

Date \_\_\_\_\_

FAIRHAVEN CORPORATION  
Whitewater, Wisconsin

## REFERENCE CHECK FORM

Fairhaven Corporation is required by Wisconsin State law to complete a criminal history check.

The following information is used for reference checking only. All information here will remain confidential. Fairhaven does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No information on this reference check form is intended to secure information to be used for such discrimination. The references will be given every consideration; however, its receipt does not imply that the applicant will be employed.

COMPLETE NAME \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

SEX \_\_\_\_\_

RACE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

I understand that the above information is true and complete to the best of my knowledge.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**REFERENCE REQUEST**

APPLICANT NAME \_\_\_\_\_

I authorize the companies, schools or persons named below to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position applied for \_\_\_\_\_

**WORK REFERENCE**

Name while employed \_\_\_\_\_

Position held \_\_\_\_\_

Employment dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

	Very Good	Good	Fair	Poor
Quality of Work				
Quantity of Work				
Dependability				
Initiative				
Response to supervision				
Cooperation with others				
Attendance				
Potential				

**PERSONAL REFERENCE**

How well do you know the applicant?      Slightly      Well      Very Well

Years known? \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Have you had any knowledge of applicant in the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Please rate the applicant on the following:

	Above Average	Average	Below Average	No Knowledge		Above Average	Average	Below Average	No Knowledge
Appearance					Initiative				
Dependability					Judgment				
Honesty					Maturity				

Signature \_\_\_\_\_

**EDUCATIONAL REFERENCE**

Name while attending \_\_\_\_\_

Degree/course/certification \_\_\_\_\_

Completion Date \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_