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Ivy Manor of West Bend Employment Application 370 & 350 & 365 South Forest St. West Bend, WI 53095

Personal Information			
Full Name:	Date:		
Address:	City:	Zip:	
Phone #:	Second Phone #:		
Date of Birth:	Social Security Number:	-	
Email Address:			
Additional Information			
Are you 18 Years of Age or Older?]]Yes []No	
Have you Served in the Military? If Yes, Which Brand	ch: []Yes []No	
Are you a U.S. Citizen or Have a Legal Right to Work	in the U.S.?]Yes []No	
Have you Been Convicted of a Felony?]]Yes []No	
Have you Worked for Ivy Manor Before?]] Yes [] No	
Position Details			
Position applied for: [] Caregiver [] House Employment Type:	usekeeper [] Activities C	oordinator	
[] Full-Time [] Part-Time	[] Casual / Pick-Up	[] Seasonal	
Shifts Applying for:			
[] AM (6:30-3:00) [] PM (2:30	-11:00) [] NOC (10:30-7:00) [] Other	
Days Available: [] SUN [] MON [] TUES	[]WED []THURS []FRI [] SAT	
Desired Salary/Wage: Avai	lable Start Date:		

Employment History

Dates of Employment: From:/ To:/ Position Held:					
Company Name:					
Address:					
Phone:Supervisor:					
Responsibilities:					
Starting Pay: Ending Pay:					
Reason for Leaving:					
May we contact this employer for a reference? [] Yes [] No					
Dates of Employment: From:/ To:/ Position Held:					
Company Name:					
Address:					
Phone: Supervisor:					
Responsibilities:					
Starting Pay: Ending Pay:					
Reason for Leaving:					
May we contact this employer for a reference? [] Yes [] No					
Dates of Employment: From:/ To:/ Position Held:					
Company Name:					
Address:					
Phone: Supervisor:					
Responsibilities:					
Starting Pay: Ending Pay:					
Reason for Leaving:					
May we contact this employer for a reference? [] Yes [] No					

Education			
High School: Last grade completed:Year:			
College/Tech School:		Area of Study:	
Certificate or Diploma Earned: _			
Do you have a C.N.A. License?	[] Yes [] No		
Do you have any CBRF Certificat	tions? (Check those that ap	oply)	
First Aide and Choking	Fire Safety	Resident Rights	Client Group Specific
Medication Administration	Universal Precautions	Challenging Behaviors	Dietary & Menu
Professional References			
Name		_Title	
Address or Location:			
Telephone: ()			
Name		_Title	
Address or Location:			
Telephone: ()			
Personnel References			
······································			
Name		_Title	
Address or Location:			
Telephone: ()_			
Name		_Title	
Address or Location:			
Telephone: (

Additional Information

What is your experience with the elderly, dementia care or terminal illnesses?
Caregivers are expected to be able to assist in transferring residents usually requiring the ability to lift a minimum of 35 pounds. Do you have any restrictions or concerns regarding physical ability?
Caregiver positions require working every other weekend and rotating holidays. Caregivers are cross trained on other shifts. Caregivers may be responsible to come in early or stay late. Are there any concerns with performing this schedule?
Caregivers and other staff in a CBRF are required to get additional certification and ongoing training. Are you willing to study the material and take competency testing at an offsite location (possibly Milwaukee or West Bend)?
Is there anything else you would like us to know about you? (Special skills, experience, qualifications etc.)