

Corporate Guardians of Northeast Wisconsin, Inc
PO Box 117, Two Rivers, WI 54241 (920)553-8780

Employment Inquiry Authorization

In connection with my application for employment (and for the duration of employment), I understand that investigative background inquiries are to be made on myself including consumer, educational, criminal, driving, and other reports. These reports will include information as to my character, work habits, general reputation, personal characteristics and mode of living, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. A photocopy of this authorization shall be accepted with the same authority as the original. I specifically waive any written notice from any present or future employer who may provide information based upon this authorized request. I understand authorization is to be part of the written employment application which I sign.

I authorize, without reservation, any party or agency contacted by his employer to furnish the above-mentioned information.

Print full name _____

Maiden name _____

Social Security # _____ * Date of Birth _____

Current Address _____

Driver's license # _____ State _____

Applicant Signature _____

*Date of Birth is being requested in order to obtain accurate retrieval of records.

Employment History

List each job, beginning with your Present or most recent employer. If more space is necessary include an additional sheet. Resumes may only be used to SUPPLEMENT the data requested on this application. Please fill out completely.

Employer _____ Dates From _____ To _____
Job Title _____ Full Time Part Time Wage \$ _____
Address _____
(Street) (City) (State) (Zip)
Phone Number _____ Supervisor's Name _____
Duties _____

Reason for Leaving _____
May we contact this employer? _____

Employer _____ Dates From _____ To _____
Job Title _____ Full Time Part Time Wage \$ _____
Address _____
(Street) (City) (State) (Zip)
Phone Number _____ Supervisor's Name _____
Duties _____

Reason for Leaving _____
May we contact this employer? _____

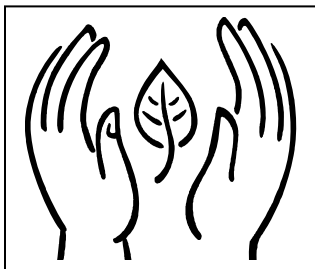
Employer _____ Dates From _____ To _____
Job Title _____ Full Time Part Time Wage \$ _____
Address _____
(Street) (City) (State) (Zip)
Phone Number _____ Supervisor's Name _____
Duties _____

Reason for Leaving _____
May we contact this employer? _____

Employer _____ Dates From _____ To _____
Job Title _____ Full Time Part Time Wage \$ _____
Address _____
(Street) (City) (State) (Zip)
Phone Number _____ Supervisor's Name _____
Duties _____

Reason for Leaving _____
May we contact this employer? _____

Additional Skills and/or Certificates: _____



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Reference Inquiry – Personal Information Authorization

Corporate Guardians of NEW, Inc. is hereby granted permission to use my personal resume and/or my application for the purpose of attaining employment information on my behalf. I also authorize Corporate Guardians of NEW, Inc. to contact any references whom I have furnished and to have access to my personal employment records from any past employers. I authorize investigation of my driving and criminal records for employment purposes. I release all parties from any liability that results from releasing such information.

Social Security # _____ Employee Name (print) _____

Date _____ Signature _____

Do not write below this line, for office use only:

Company Name _____ Phone # _____

Address _____

Dates of employment: From _____ To _____

Position Held _____ Wage _____

Reason for leaving _____

Is the employment record correct as stated above? Yes No

If no, explain: _____

On a scale of excellent, good, fair or poor, please rate the applicant in the following areas:

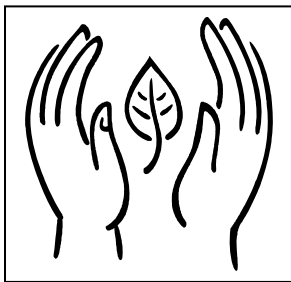
1.	Quality of Work	Excellent	Good	Fair	Poor
2.	Quantity of Work	Excellent	Good	Fair	Poor
3.	Ability to Relate to Others	Excellent	Good	Fair	Poor
4.	Initiative	Excellent	Good	Fair	Poor
5.	Cooperation	Excellent	Good	Fair	Poor
6.	Adaptability	Excellent	Good	Fair	Poor
7.	Attendance	Excellent	Good	Fair	Poor

Would you rehire this employee? Yes No Comments: _____

Signature

Title

Date



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Personal Information

Name _____
(Last) (First) (Middle Initial)

Address _____

City, State, Zip _____

Telephone# (_____) _____ Cell Phone # (_____) _____

E-mail Address _____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. citizenship or visa status will be required upon hiring.)

Have you worked under other names? Yes No If "yes", please state other names.

Are you at least 18 years of age? Yes No

Have you been convicted of a crime within the last seven (7) years? (Conviction will not necessarily disqualify an applicant from employment.) Yes No
If Yes, Please explain:

Are you listed in the Caregiver Misconduct Registry of the Department of Health and Family Services under §146.40(4g)(a)(2), Wisconsin Statutes? Yes No

Educational Information

	Name and Address	# of years attended	Subject Studied	Graduated Yes or No	H.S. Diploma, GED or College degree received
High School					
College					
Other					