Moore Genuine Care, LLC 711 Anderson St., Lower Level Augusta, WI 54722 Phone 715-286-2734 Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status. Applicants may request any accommodations needed in order to participate in the application process.

Position applied for	Salary desired	Date of Applicati	ion	
Last Name Middle Name	First Name	L .		
Address: Zip	Ţ		State	
Telephone Number	Social Securi	ty Number		
Emergency Contact Name and N	lumber			
Are you a citizen of the United States of	Yes	No		
Are you currently employed?	Yes	No		
On what days would you be available for	work?			
Are you available to work as:		Full-time	? Part-time?	
Are you currently on "lay-off" status and	Yes	No		
Have you been convicted of a felony wit	Yes	No		
(Conviction will not necessarily disquali	fy an applicant from employmen	nt)		
If yes, please explain:				
Do you have a valid driver's license?	Yes	No		
D/L#				
Have you applied here before?		Yes	No	
When? Position applied for?				
EMPLOYMENT EXPERIENCE: May we contact this employer?		Yes	No	
Employer:Address:Position:Salary:		Phone: Dates worked: Supervisor:		

May we contact this employer?			Y	esNo
Employer: Address: Position: Reason for leaving:			Dates	worked:
May we contact this en	nployer?		Y	/esNo
Employer:			Dates Supervisor: _	worked:
EDUCATION				
	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School name Location				
Years completed				
Diploma / Degree				
Describe Course of Study				
Describe any speciali apprenticeship skills	zed training or			
Military Experience: If yes, what Branch:				YesNo
REFERENCES: Give r	name, address and teleph	one number of three re	references who are not rela	ated to you.
1 Name		Address		Phone #
2Name		Address		Phone #
3Name		Address		Phone #

PLEASE READ CAREFULLY

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal.

(continued)

 3. 	information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.			
	GNATURE:			
DA	ME			
	FOR OFFICE USE ONLY			
Inte	erviewed by:DATE			
Dat	te reporting to work: Salary/Wage: Position:			
	MOORE GENUINE CARE, LLC			
	AUTHORIZATION FOR EMPLOYMENT REFERENCE RELEASE			
the	l information provided by me in support of my application for employment is true and correct to best of my knowledge. I understand that misrepresentation or omissions may be cause for ection or may be cause for subsequent dismissal if I am hired.			
I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees, and agents, to release any and all information concerning my former employment to any prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information disclosed may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary possessed by my former employer.				
em cos una exc ma	voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless ch former employer, person, firm, corporation, school or government agency, its officers, aployees and agents, from any and all claims, liability, demands, causes of action, damages, or sts (including attorney fees), present or future, whether know or unknown, anticipated or anticipated, arising from or incident to the disclosure or release of employment information, cept for the malicious and willful disclosure of derogatory facts concerning my employment ade for the express purpose of preventing me from obtaining employment which the officer, aployee or agent disclosing such facts knows are untrue.			
	Applicant Signature			
	Date			

MOORE GENUINE CARE, LLC

DRIVING RECORD RELEASE AUTHORIZATION

I, and review my driving record(s) as p	authorize Moore Genuine Care, LLC to obtain part of my application for employment.
Driver's License Number	Expiration Date
Applio	cant Signature
	Date