



Homeward Bound  
130 W Elm St.  
PO BOX 503  
Lancaster, WI 53813  
(608) 723-6601  
Fax: (608)- 723-6616

### APPLICATION FOR EMPLOYMENT

Homeward Bound is an equal opportunity employer. It is our policy not to discriminate against any applicant on the basis of age, race, religion, color, sex, national origin, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military status or military participation, or other basis prohibited by applicable local, state, or federal laws or regulations. All employees are expected to support our policies relating to non-discrimination in employment.

#### PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Any other name(s) you have worked under? NO \_\_\_ YES \_\_\_ : \_\_\_\_\_  
LIST OTHER NAME(S)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Training and/or certification:

\_\_\_ Certified Nursing Assistant      \_\_\_ LPN      Do you have a copy of your certification?  
\_\_\_ Personal Care Worker      \_\_\_ RN      Yes \_\_\_ No \_\_\_  
\_\_\_ No Training

How did you hear about Homeward Bound? \_\_\_\_\_

Have you ever filed an application here before? No \_\_\_ Yes \_\_\_: If yes, when? \_\_\_\_\_

Have you ever been employed by Homeward Bound No \_\_\_ Yes \_\_\_

Under what name(s)? \_\_\_\_\_ Dates: \_\_\_\_\_

County: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Can you commit to working: \_\_\_ 11-20 hrs/week      \_\_\_ 21-32 hrs/week      \_\_\_ 32-40 hrs/week

On what date would you be available to start work? \_\_\_\_\_

Days/Hours of Availability:

SUN \_\_\_ MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_ SAT \_\_\_

Locations you are willing to work \_\_\_\_\_

**EDUCATION AND TRAINING**

This information will be used only where relevant and to assist in determining what positions might be appropriate for you.

Education	Name of School and Location	Year Attending	Graduation Date	Subject(s) Studied
High School				
College				
Technical School				

List any special skills and qualification acquired from employment, volunteer, or organizational activities that may be pertinent to this type of employment: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF THE LAW (MISDEMEANOR OF FELONY)

No \_\_\_\_\_ Yes \_\_\_\_\_: If yes, explain \_\_\_\_\_

**AS MANADATED BY LAW, HOMEWARD BOUND CONDUCTS  
CRIMINAL BACKGROUND CHECKS ON ALL EMPLOYEES**

**EMPLOYMENT EXPERIENCE**

Please list the last three jobs you have held. Start with your most recent employer. If you need more space, please attach and additional sheet.

_____	_____	
Employer's Name	Job Title	
_____	_____	
Employer's Address	Supervisor's Name	
_____	_____	
City/State/Zip	Phone Number	
_____ - _____	_____	May we contact this employer?
Dates of Employment	Rate of Pay	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Job Responsibilities: \_\_\_\_\_

**COMPLETE WITH FULL NAMES, ADDRESSES, AND PHONE NUMBERS  
OR APPLICATION WILL NOT BE PROCESSED**

_____ Employer's Name	_____ Job Title
_____ Employer's Address	_____ Supervisor's Name
_____ City/State/Zip	_____ Phone Number
_____ - _____ Dates of Employment	_____ Rate of Pay
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

_____ Employer's Name	_____ Job Title
_____ Employer's Address	_____ Supervisor's Name
_____ City/State/Zip	_____ Phone Number
_____ - _____ Dates of Employment	_____ Rate of Pay
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list a minimum of three references, not related to you. Please do not duplicate references previously listed above. NO PERSONAL FRIENDS. References should be co-workers, supervisors, or acquaintances through services organizations, clubs, or businesses.

_____ Name of Reference	_____ Name of Reference	_____ Name of Reference
_____ Address	_____ Address	_____ Address
_____ City/State/Zip	_____ City/State/Zip	_____ City/State/Zip
_____ Daytime Phone	_____ Daytime Phone	_____ Daytime Phone
_____ Relationship to Applicant	_____ Relationship to Applicant	_____ Relationship to Applicant

**COMPLETE WITH FULL NAMES, ADDRESSES AND PHONE NUMBER  
OR APPLICATION WILL NOT BE PROCESSED**

**APPLICANT STATEMENT**

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment that may be necessary in arrive at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment, and if hired, my employment is at-will, and may be terminated at any time by either me or Homeward Bound, Inc. with proper notice.
- I understand that false or misleading information or material omission of requested information on my application or interviews can result in rejection of my application, or if hired, in my discharge. I further understand that this application is considered current for only 60 days and thereafter I must reapply if I want to be considered for employment.

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Signature of Applicant

**HOMEWARD BOUND, INC.**

**REFERENCE RELEASE FORM**

Having made application for employment with Homeward Bound, Inc. , and desiring them to be informed as to my previous work record, I hereby authorize Homeward Bound, Inc. to investigate my past record, and to receive any and all information which may concern my record. I release from all liability or responsibility all persons, companies, or corporations supplying such information.

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Signature of Applicant

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Date

**If you need assistance with this application, please call your area Homeward Bound, Inc. office:  
Grant/Iowa/Lafayette/Richland Counties – (608) 723-6601 Crawford/Vernon Counties – (608) 326-6883  
Columbia/Juneau/Sauk Counties – (608) 356-4666  
[www.hwbcare.com](http://www.hwbcare.com)**