

# Milton Senior Living

600 West Sunset Drive

Milton, WI 53563

(608) 868-3000

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## Employment Application

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Last Name	First Name	Middle Name	Date of Birth
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Street Address	City	State	Zip Code
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Former/Maiden Name(s)	Day/Night Phone Number
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Days and Hours Willing to Work	Number of Hours Wanted
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Position Desired	Date Available to Start
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### Employment History

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Employer Name	Position/Title
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Employer Address	Phone Number
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Supervisor	Dates of Employment
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Reason for Leaving	Can we contact?
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Employer Name	Position/Title
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Employer Address	Phone Number
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Supervisor	Dates of Employment
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Reason for Leaving	Can we contact?
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Employer Name	Position/Title
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Employer Address	Phone Number
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Supervisor	Dates of Employment
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Reason for Leaving	Can we contact?
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**Education**

High School (Name and Address)	Degree/Diploma	Date Graduated
College (Name and Address)	Degree/Diploma	Still Attending/Graduated
Area of Studies	Any Certificates or Trainings/Date Completed	

**References (not relatives)**

Name	Relationship
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Address	Phone Number
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Name	Relationship
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Address	Phone Number
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Name	Relationship
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Address	Phone Number
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How did you hear about us? \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

Or otherwise authorized to work in the U.S. on an unrestricted basis?  Yes  No

Have you been convicted of or pleaded no contest to a felony within the past 5 years? \_\_\_\_

If yes, please explain \_\_\_\_\_

I certify that the information in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of all the information listed above.

Signature	Date
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