



# Crown Point Village Assisted Living

Sun Prairie, WI 53590  
608-834-2073  
crownpointvillage.com

Mail application to:  
Apex Management, LLC  
PO Box 1255  
Sun Prairie, WI 53590

## Personal Information

First Name Last Name Middle Name Social Security Number

Street Address City State Zip

Daytime Number ( ) Nighttime Number ( )

Are you a US citizen or otherwise authorized to work in the US on an unrestricted basis?  
£ Yes £ No

Are you under the age of 18? £ Yes £ No If yes, do you have an employment/age certificate?  
£ Yes £ No

Have you been convicted of or plead no contest to a felony within the last five years?  
£ Yes £ No

If yes, please explain:

## Position/Availability

Desired Position: Type of employment desired:  
£ Full time £ Part time £ Contract

When are you available to work? Have you worked for us in the past?  
£ Yes £ No

## Education

Name and address of School Major Degree/Diploma Graduation Date

High School

College

Trade, business, other

Special skills and qualifications: List job related licenses, skills, training, honors, awards, and special accomplishments.

## Employment History

(starting with your current or most recent employment)

Position Title

Employer

Address

Phone

Supervisor

Email

Start Date:

End Date:

Starting Salary:

Ending Salary:

Responsibilities:

Reason for leaving:

May we contact this employer?

£ Yes £ No

Position Title

Employer

Address

Phone

Supervisor

Email

Start Date:

End Date:

Starting Salary:

Ending Salary:

Responsibilities:

Reason for leaving:

May we contact this employer?

£ Yes £ No

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Position Title \_\_\_\_\_ Employer \_\_\_\_\_

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Address \_\_\_\_\_ Phone \_\_\_\_\_

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Supervisor \_\_\_\_\_ Email \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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

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\_\_\_\_\_

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\_\_\_\_\_

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

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\_\_\_\_\_

May we contact this employer?  
£ Yes £ No

## References

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1. Name \_\_\_\_\_ Title \_\_\_\_\_ Address and Phone Number \_\_\_\_\_

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How does this person know you? \_\_\_\_\_ How long has this person known you? \_\_\_\_\_

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2. Name \_\_\_\_\_ Title \_\_\_\_\_ Address and Phone Number \_\_\_\_\_

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How does this person know you? \_\_\_\_\_ How long has this person known you? \_\_\_\_\_

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3. Name \_\_\_\_\_ Title \_\_\_\_\_ Address and Phone Number \_\_\_\_\_

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How does this person know you? \_\_\_\_\_ How long has this person known you? \_\_\_\_\_

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\_\_\_\_\_

## Certification Statement

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I certify that the information I have provided in this application is true to the best of my knowledge and I understand that I may be required to verify the information before being appointed. I understand that any false, misleading, or missing information may disqualify me from employment consideration.

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Please date and sign on the line below to verify that you have read and understand the certification statement.

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Signature \_\_\_\_\_ Date \_\_\_\_\_