



HOME FOR ALL

AFH LLC

GENERAL EMPLOYMENT APPLICATION

Residential Adult Family Home Program • Wisconsin

APPLICANT INFORMATION

Full Legal Name: _____

Preferred Name: _____

Address: _____

City / State / ZIP: _____

Phone: _____

Email: _____

POSITION & AVAILABILITY

Position Applying For: _____

Date Available to Start: _____

Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Casual/PRN ☐ Temporary

Shifts Available: ☐ Days ☐ Evenings ☐ Overnights ☐ Weekends ☐ Holidays

Are you at least 18 years old? ☐ Yes ☐ No Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

DRIVER'S LICENSE & TRANSPORTATION

Do you currently hold a valid driver's license? ☐ Yes ☐ No

Driver's License State: _____

Driver's License Number (optional at application stage): _____

Do you have reliable transportation to report to scheduled shifts? ☐ Yes ☐ No

Are you willing and able to drive residents when assigned and authorized by the employer? ☐ Yes ☐ No

EDUCATION & TRAINING

Highest Level of Education Completed: _____

School / Program: _____

Degree, Diploma, or Certificate: _____

Relevant Training or Certifications (CPR/First Aid, caregiving, medication administration, etc.): _____

EMPLOYMENT HISTORY

Employer 1

Employer / Organization: _____

Job Title: _____

City / State: _____

Dates Employed: _____

Supervisor / Phone: _____

Primary Duties: _____

Reason for Leaving: _____

Employer 2

Employer / Organization: _____

Job Title: _____

City / State: _____

Dates Employed: _____

Supervisor / Phone: _____

Primary Duties: _____

Reason for Leaving: _____

Employer 3

Employer / Organization: _____

Job Title: _____

City / State: _____

Dates Employed: _____

Supervisor / Phone: _____

Primary Duties: _____

Reason for Leaving: _____

RESIDENTIAL CARE EXPERIENCE

Please check any experience you have: ☐ Adult Family Home ☐ CBRF ☐ Assisted Living ☐ Personal Care ☐ Developmental Disabilities ☐ Mental/Behavioral Health ☐ Dementia Care ☐ Medication Assistance ☐ Meal Preparation ☐ Housekeeping ☐ Community Activities

Describe relevant caregiving, residential support, or human-services experience:

RETURNING EMPLOYEE

Are you a returning employee? ☐ Yes ☐ No

If yes, please explain:

PROFESSIONAL REFERENCES

Reference 1: Name _____ Relationship _____

Phone _____ Email _____

Reference 2: Name _____ Relationship _____

Phone _____ Email _____

Reference 3: Name _____ Relationship _____

Phone _____ Email _____

APPLICANT STATEMENT & AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or materially misleading information may affect my eligibility for employment or, if hired, may result in disciplinary action up to and including termination. I authorize Home for All - AFH LLC to verify information relevant to my qualifications and employment history as permitted by law.

I understand that employment in a Wisconsin residential care setting may be contingent upon completion of job-related screening, reference checks, required caregiver/background checks, and verification of credentials or driving eligibility when applicable to the position.

Applicant Signature: _____ **Date:** _____

FOR EMPLOYER USE ONLY

Interview Date: _____ Interviewer: _____

Position Considered: _____ Proposed Start Date: _____

Decision: ☐ Hire ☐ Hold ☐ Do Not Hire

Notes: _____