



1416 CUMMING AVE., SUITE 2B  
SUPERIOR, WI 54880  
PHONE (715) 392-3133 □ FAX (715) 392-3190

This application packet has been put together to obtain the most accurate information in a simple, expedient fashion. The following requirements need your attention:

- A. The Application for Employment requires careful completion of the information requested, with your signature at the bottom of the second page.
- B. The Release of Information requires reading, and information given as directed.
- C. The Reference Inquiry forms are seeking information from professional people (i.e., RN, Supervisors, DON or Assistant DON) who have evaluated or supervised your performance and can attest to your skills. The top signature line must be addressed by yourself, and the rest is to be addressed by whomever you have selected to give a reference in your behalf. You may wish to mail, fax or hand-deliver the form to the person you select, and then it must be returned to the Dove in a sealed envelope or by fax at (715) 392-3190. A prompt response will enable movement through our pre-employment screening process, which may be followed by an interview. A copy of a recent written performance evaluation is also acceptable, as is a letter of reference. If there is no position open for hire or the position has been filled, your application will remain on file for 3 months. After this period, a new application must be completed.
- D. Another requirement is a personal resume, which can be hand-written, addressing all work experience, school attendance, hobbies, interest and personal reference options. An updated current, formal resume is also acceptable.

Thank you for your best attention in completing this application packet quickly and accurately. This could be the beginning of a new work relationship. If you have questions or need further assistance, call the Dove at (715) 392-3133.



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### RELEASE OF INFORMATION

RELEASE: Having made application for employment with The Dove, Inc. and desiring them to be informed as to my previous record and character, I hereby authorize The Dove, Inc. to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information.

Full Name (print) \_\_\_\_\_

Maiden/Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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 Fax #: 715 392-3190

**Personnel Reference Inquiry:**

I have made application to The Dove, Inc. and hereby authorize you to release all information requested as well as to evaluate my performance. I release you and/or the company you work with from any liability or damage which may result in furnishing this information.

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

Name while in your employment:	Social Security Number	Date of Birth
Position Held:	Dates of Employment	
Reason for Leaving:		

Evaluation:	Excellent	Average	Poor	Eligible for Rehire?	Comments
Ability	_____	_____	_____	Yes__ No__	
Conduct	_____	_____	_____		
Attendance	_____	_____	_____		

**Professional Reference:**

Name	Telephone	
Address		
How long have you known applicant?	In what capacity?	Recommend employment?
Comments:		
Signature:	Title:	Date:



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Reason for Leaving:		

Evaluation:	Excellent	Average	Poor	Eligible for Rehire?	Comments
Ability	_____	_____	_____	Yes__ No__	
Conduct	_____	_____	_____		
Attendance	_____	_____	_____		

**Professional Reference:**

Name	Telephone	
Address		
How long have you known applicant?	In what capacity?	Recommend employment?
Comments:		
Signature:	Title:	Date: