



**Mail Application to:**  
Colby Retirement Community  
510 W. Wausau Street  
Colby, WI 54421  
[info@colbyretirement.com](mailto:info@colbyretirement.com)

## Personal Information

---

First Name	Last Name	Middle Name	Social Security Number	
------------	-----------	-------------	------------------------	--

---

Street Address	City	State	Zip
----------------	------	-------	-----

---

Daytime Number ( )	Nighttime Number ( )	E-mail Address:
-----------------------	-------------------------	-----------------

---

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 If yes, when:
---------------------------------	---

---

Availability:

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest:							
Latest:							

## Education

---

Name & Address of School	Areas of Study	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

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

**References**

1. Name	Title	Address and Phone Number
How does this person know you?		How long has this person known you?
2. Name	Title	Address and Phone Number
How does this person know you?		How long has this person known you?
3. Name	Title	Address and Phone Number
How does this person know you?		How long has this person known you?

How did you hear about our Company? \_\_\_\_\_

**Certification Statement**

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.

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

Signature	Date
-----------	------