Woodland A	Assisted Liv	ing
& Continui	ng Care Co	mmunity

Job Application

Section I: Equal Employment Opportunity Employer

Woodland Assisted Living& Continuing Care Community is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, martial status, age, weight, height, color, disability or veteran status in the hiring, promotion, compensation or discipline of employees.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Section II: Applicants Personal Information

Name:			
(please print)	First	Middle Initial	Last
Present address:	Number		
(please print)	Number	Street	
	City	State	Zip Code
Phone: Home:	() -	Alternate,	Cell: () -
Social Security	Number: XXX-X	XX- (last 4 digits	only please)
Are you 18 year	rs or older? [] Y	Yes [] No	
accommodation [] Yes [] N	? o	e job for which you are a	pplying with or without
ii iio, piease exp	nanı		
-	-	oouse employed by this o	rganization: [] Yes [] No
Name and addre	ess of a person to	be notified in case of an	emergency:
Fi	rst Name	Last Name	
() -		() -	. <u>.</u>
Phone		Alternate Ph	one

Name Street	City	State
College:	_	
Name Street Did you graduate: [] Yes [] No	City	State
High School:		
Section IV: Education		
For which position have you applied: Have you been given a job description for the Are you interested in full-time or part-time were described in the Are you available to Mon [] Morning [] Afternoon [] Ever Tues [] Morning [] Afternoon [] Ever Wed [] Morning [] Afternoon [] Ever Thur [] Morning [] Afternoon [] Ever Fri [] Morning [] Afternoon [] Ever Sat [] Morning [] Afternoon [] Ever Sun [] Morning [] Afternoon [] Ever On what date are you available to start work?	owork? [] Full-ting work? ning ning ning ning ning ning ning nin	
Section III: Availability and Interests in W	<u>Vork</u>	
If the position for which you applied requires valid driver's license? [] Yes [] No	s you to drive wh	iile on duty, do you have a
If so, did your work under a different name? If yes, is any additional information relative twork record? [] Yes [] No If yes, please explain:		ne necessary to check your
Have you ever worked for this organization i	n the past? [] Y	es[]No
Are there any pending felony charges against (Answering "yes" to this inquiry will not automaticall] No
Have you ever been convicted of a crime? [(Answering "yes" to this inquiry will not automaticall		

Did you graduate: [] Yes [] No If yes, what degree(s) did you obt			
Business or Trade School			
Name	Street	City State	
Did you graduate? [] Yes [] N If yes, what degree(s) or certificat		ı obtain?	
Professional School			
Name	Street	City State	
Did you graduate? [] Yes [] N If yes, what degree(s) or certificat		ı obtain?	
Section V: Employment History	(Please star	rt with present or most recent	employer)
Company Name:		Telephone:	
Address:		Employment Dates (m From:	nonth/year) To:
Position Title:			10.
Name of Supervisor:		Start:	Last:
Company Name:			======
Address:		Employment Dates (m	• .
Position Title:		From: Hourly Pay	10:
Name of Supervisor:		Start:	Last:
Company Name:		Telephone:	
Address:		Employment Dates (m	• /
Position Title:			To:
		Start:	Last:
Name of Supervisor:		Keason for Leaving.	

May we contact your curren	nt supervisor or ma	anager? [] Yes [] No
If no, why?		
If yes, who should we call?		
Phone	Name	Title
	<u>Se</u>	ction VI: References
Give the names of two (2) phave known at least one (1)		s from persons not related to you, whom you
Name:		
Address:		
Phone:		Years Known:
	<u>Se</u>	ction VI: References
Give the names of two (2) p have known at least one (1)		s from persons not related to you, whom you
Name:		
Address:		
Phone:		Years Known:
		nces from supervisors, managers,

administrators, or executive directors for whom you have worked:

Section VI: References

Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:

Name:	
Address:	
Phone:	Years Known:
Name:	
Address:	
Phone:	Years Known:
Section VII: Professional Licenses,	Certifications, and Credentials
Do you have any of the following lice	nses or certifications?
Certified Nurse Aid [] Yes [If yes, please indicate your lice	-
Nursing License [] Yes [] If yes, please indicate your lice	
Other job-related licenses, cert If yes, please provide details:	rifications or credentials [] Yes [] No

Section VIII: Consent

I hereby give you my permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items listed above. I hereby release Woodland Assisted Living & Continuing Care Community and the above referenced organization, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance, which is documented in my personnel file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Woodland Assisted Living & Continuing Care Community, I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Woodland Assisted Living & Continuing Care Community, the Department of Human Services, Department of Community Health, local community mental health entities, and other governmental agencies or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release any prior employers form all claims, liability and damages that may result from furnishing the information to you.

Applicant Signature Date

I certify that all of the information provided on this application is true, complete and correct.

I further understand and agree that any falsification, misrepresentation or omission of fact on this application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

Applicant Signature Date

Section IX: At-Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulations of Woodland Assisted Living & Continuing Care Community. I understand and agree that my employment and compensation are for no definite period and may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Woodland Assisted Living & Continuing Care Community or by myself.

Applicant Signature Date

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.