

Have you ever been convicted of a crime? Yes No
(Answering "yes" to this inquiry will not automatically disqualify you.)

Are there any pending felony charges against you? Yes No
(Answering "yes" to this inquiry will not automatically disqualify you.)

Have you ever worked for this organization in the past? Yes No

If so, did your work under a different name? Yes No
If yes, is any additional information relative to a different name necessary to check your work record?

Yes No If yes, please explain: _____

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license?

Yes No

Section III: Availability and Interests in Work

For which position have you applied:

Have you been given a job description for this position? Yes No

Are you interested in full-time or part-time work? Full-time Part-time

On which days and shifts are you available to work?

Mon _____ Morning Afternoon Evening
Tues _____ Morning Afternoon Evening
Wed _____ Morning Afternoon Evening
Thur _____ Morning Afternoon Evening
Fri _____ Morning Afternoon Evening
Sat _____ Morning Afternoon Evening
Sun _____ Morning Afternoon Evening

On what date are you available to start work?

Section IV: Education

High School: _____

Name _____ Street _____ City _____ State _____

Did you graduate: Yes No

College: _____

Name _____ Street _____ City _____ State _____

Did you graduate: [] Yes [] No
If yes, what degree(s) did you obtain?

Business or Trade School

Name Street City State

Did you graduate? [] Yes [] No
If yes, what degree(s) or certificates(s) did you obtain?

Professional School

Name Street City State

Did you graduate? [] Yes [] No
If yes, what degree(s) or certificates(s) did you obtain?

Section V: Employment History (Please start with present or most recent employer)

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ To: _____
Position Title: _____ Hourly Pay _____
Start: _____ Last: _____
Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ To: _____
Position Title: _____ Hourly Pay _____
Start: _____ Last: _____
Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ To: _____
Position Title: _____ Hourly Pay _____
Start: _____ Last: _____
Name of Supervisor: _____ Reason for Leaving: _____

May we contact your current supervisor or manager? [] Yes [] No

If no, why?

If yes, who should we call?

	Name	Title
Phone		

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: _____

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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: _____

Give the names of two (2) professional references 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 licenses or certifications?

Certified Nurse Aid [] Yes [] No

If yes, please indicate your license number:

Nursing License [] Yes [] No

If yes, please indicate your license number:

Other job-related licenses, certifications or credentials [] Yes [] No

If yes, please provide details:

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 from 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.