

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, age, sex, pregnancy, national origin, disability, military or veteran status, genetic information, or any other class protected by applicable federal, state, and local law. Consistent with the American with Disabilities Act, applicants may request accommodations needed to participate in the application process.

## PERSONAL INFORMATION

					Last
Date _____					
Name					
	Last	First	Middle		
Present Address					
	Street	City	State	Zip	
Permanent Address					
	Street	City	State	Zip	
Phone No.					
Referred By _____					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					
E-Mail _____					First

## EMPLOYMENT DESIRED

Position _____	Date You Can Start _____	Compensation Desired _____	Middle
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where? _____	When? _____	
Do you know anyone that has been or is employed by Wesley Living?		If so, please list. _____	

## EDUCATION

	Name and Location of School	Major / Concentration	Did You Graduate?	Degree / Certification Obtained
High School / GED	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade / Vocational School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Advanced Education	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Any Specific Certifications: \_\_\_\_\_

## GENERAL

How did you hear about this position? \_\_\_\_\_

What three words would your current or prior supervisor use to describe you? \_\_\_\_\_

Have you been convicted of a felony or been the subject of a state finding concerning neglect, abuse or misappropriation of property of persons receiving care? \_\_\_\_\_

If yes, indicate nature of offense, date, court or state agency, and disposition. \_\_\_\_\_

(Continued on Other Side)

**FORMER EMPLOYERS** List below your last four employers, starting with the last one first.

Date Month and Year	Name, Address and Phone No. of Employer	Compensation (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES** List below three persons not related to you, whom you have known at least one year.

Name	Email Address	Phone Number	Years Acquainted
1			
2			
3.			

**If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.**

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date

Signature