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| We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status. |
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|  |  |  | ***PLEASE PRINT CLEARLY*** |  |  |  |
| Position(s) Appling : |   | Date of Application |   |
|  |  |  |  |  |  |  |  |  |  |
|   | How did you learn about the company and open position (circle all that apply) |   |
| Advertisement | Friend |   | Walk-In |   | Current Employee: |   |   |
|   | Woodcrest Website: |   | Other: |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |
| Last Name | First Name | Middle Name |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |
| Address | Street | City | State | Zip Code |
|   |   |   |   |   |   |   |   |   |   |
| Telephone Numbers | Work |   | Home |   |
| *which is the best number to reach you* | Cell |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| Are you available to work (circle) | Full-Time |  | Part-Time |  | Temporary | PRN |
|  |  |  |  |  |  |  |  |  |  |
| Which Shift are you available to work (circle) | 1st Shift |  | 2nd Shift |  | 3rd Shift |
|  |  |  |  |  |  |  |  |  |  |
| On what date would you be available to begin working? |   |
|  |  |  |  |  |  |  |  |  |  |
| If you are under 18 years of age, can you provide required proof of eligibility to work? | Yes | No |
|  |  |  |  |  |  |  |  |  |  |
| Have you submitted an application with the company before? |  |  | Yes | No |
|  | if yes, please give date: |   |   |   |  |  |  |  |
| Have you ever been employed with the company before? |  |  | Yes | No |
|  | if yes, please give date: |   |   |   |  |  |  |  |
| Are you currently employed |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  |  |  |  |  |
| May we contact your authorized present employer for references? |  | Yes | No |
|  |  |  |  |  |  |  |  |  |  |
| Are you legally qualified to work in the United States? |  |  | Yes | No |
|  |  |  |  |  |  |  |  |  |  |
| In order to permit a check of your work and education records, please indicate any and all other names that |
| you have used in the past. |   |   |   |   |   |   |  |
| Have you ever been convicted (including guilty plea or nolo contendere plea) of a crime other than summary offense? | Yes | No |
| If Yes, please explain: |   |   |   |   |   |  |  |
|  |   |   |   |   |   |  |  |
| If you are applying for a position that requires a license, is your license currently in active status? | Yes | No |
|
|  | If no, please explain: |   |   |   |   |   |  |  |
|  |  |  |   |   |   |   |   |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Have you ever been excluded or debarred from any federal health care program or defaulted on a health education loan or scholarship? | Yes | No |
|
|  | If yes, please explain: |   |   |   |   |   |  |  |
|  |  |  |   |   |   |   |   |  |  |
|  |  |  |  |  |  |  |  |  |  |
| EDUCATION |
|   |   | High School | Technical School | College  | Other |
| School Name and Location |   |   |   |   |
|
|   |  |   |   |   |   |   |   |   |   |
| Years Completed | 1 2 3 4 | 1 2 | 1 2 3 4 | 1 2 3 4 |
|   |  |   |   |   |   |   |   |   |   |
| Diploma Degree | Yes | No | Yes | No | Yes | No | Yes | No |
|   |  |   |   |   |   |   |   |   |   |
| Major Course(s) of Study |   |   |   |   |
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|  |  |  |  |  |  |  |  |  |  |
| Summarize special skills and training not listed above: |
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| Describe honors Received: |
|   |
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|  |  |  |  |  |  |  |  |  |  |
| Professional Licenses and Certifications (please provide copies of all materials) |
|  |  |  |  |  |  |  |  |  |  |
| Type  | State Issued | Date Issued | Expires On | Number |
|   |   |   |   |   |
|   |   |   |   |   |
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| List professional, trade, business, or civil activities and offices held. You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status. |
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| REFERENCES |
| Give names, addresses, and telephone numbers of three business and/or personal references who are not related to you. |
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|   |  |  |  |  |  |  |  |  |   |
|   | Name | Title | Company | Address | Phone Number |   |
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| PRIOR WORK EXPERIENCE (must be completed even if submitting a resume) |
| Employer 1 |
|   |  |   | Duties Performed |
| Company Name |  | Dates Employed |   |
|  |  |  |  |  |  |  |   |
|   |  |  |   |
|   |  |   |   |
| Address |  | Job Title |   |
|  |  |  |  |  |  |  |   |
|   |  |   |   |
| Annual Salary or Hourly Wage |  | Supervisor's Name |   |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Reason for Leaving |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| Employer 2 |
|   |  |   | Duties Performed |
| Company Name |  | Dates Employed |   |
|  |  |  |  |  |  |  |   |
|   |  |  |   |
|   |  |   |   |
| Address |  | Job Title |   |
|  |  |  |  |  |  |  |   |
|   |  |   |   |
| Annual Salary or Hourly Wage |  | Supervisor's Name |   |
|  |  |  |  |  |  |  |  |  |  |
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| Reason for Leaving |   |   |   |   |   |   |   |   |
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| Employer 3 |
|   |  |   | Duties Performed |
| Company Name |  | Dates Employed |   |
|  |  |  |  |  |  |  |   |
|   |  |  |   |
|   |  |   |   |
| Address |  | Job Title |   |
|  |  |  |  |  |  |  |   |
|   |  |   |   |
| Annual Salary or Hourly Wage |  | Supervisor's Name |   |
|  |  |  |  |  |  |  |  |  |  |
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| Reason for Leaving |   |   |   |   |   |   |   |   |
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| Employer 4 |
|   |  |   | Duties Performed |
| Company Name |  | Dates Employed |   |
|  |  |  |  |  |  |  |   |
|   |  |  |   |
|   |  |   |   |
| Address |  | Job Title |   |
|  |  |  |  |  |  |  |   |
|   |  |   |   |
| Annual Salary or Hourly Wage |  | Supervisor's Name |   |
|  |  |  |  |  |  |  |  |  |  |
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| Reason for Leaving |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| SPECIAL SKILLS & QUALIFICATIONS |
| Summarize special job-related skills and qualification acquired from employment or other experiences |
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|  |  |  |  |  |  |  |  |  |  |
| Have you ever had any job-related training? |  |  |  | Yes | No |
|  | If yes, please describe and give date: |   |   |   |  |  |
|  |  |  |  |  |   |   |   |  |  |
|  |  |  |  |  |   |   |   |  |  |
|  |  |  |  |  |   |   |   |  |  |
| Are you able to perform the essential functions of the job with or without reasonable accommodation? | Yes | No |
|
| State any additional information you feel may be helpful to us in considering your application |
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| PLEASE READ BEFORE SIGNING |
| I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. |
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| I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. |
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| In the event of employment, I understand that false, incomplete or misleading information given in my application or interview(s) may result in denial of employment, or if employed, immediate discharge from employment. I understand, also, that I am required to abide by all rules and regulations of the Employer. |
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|   |  |   |
| Signature of Applicant |  | Date |
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