



Woodlands Senior Park

EMPLOYMENT APPLICATION

Woodlands Senior Park is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL

Last Name	First	Initial	E-mail Address
Other Name(s) Used			Home Telephone # ()
Address City, State, Zip Code			Business Telephone # ()
Position Applied For	Referred By		Salary Desired
Desired shift you are applying for: AM <input type="checkbox"/> PM <input type="checkbox"/> NIGHTS <input type="checkbox"/> (Please check the appropriate box) Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	

EDUCATION

Circle Highest Grade Completed:		High School	9	10	11	12
		College, Trade or Business	1	2	3	4 5
		Graduate Studies	_____			
School	Address	Major Studies	Degree, Diploma, License or Certificate			
High School						
College/University						
Vocational, Business, Other						
List Any Professional Designations:						
Other Special Knowledge, Skills or Qualifications:						

For Clerical Applicants Only:

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, WPM:
Computer Skills (Hardware/Software)	

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Job Title		Reason for Leaving	
Duties & Responsibilities			

GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application.)

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by The Woodlands, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize The Woodlands to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to The Woodlands and will hold The Woodlands and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize The Woodlands to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with The Woodlands is intended to create an employment contract between myself and The Woodlands under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or The Woodlands at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If hired, all employees will be subject to a 90-day probation period, during which The Woodlands has the right to maintain my employment or terminate for any reason.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

Applicant: Please complete the last line only (designated with an X). This form allows Woodlands Senior Park to obtain references with your permission from previous employers. Do not complete the employment information.

EMPLOYEE NAME: _____

DATE: _____

I have placed an application for employment with Woodlands Senior Park. I hereby authorize Woodlands Senior Park to initiate reference checks that are necessary to verify my qualifications for the position for which I have applied. I understand that I have no right to view any references obtained. I do further authorize a third party having such information to furnish the same to Woodlands Senior Park. I do hereby release any said parties from being liable for furnishing such information on a good faith basis, without malice. Thank you for your cooperation and if you have any questions, please call us at 920-922-8770. You can return this form via fax to 920-273-0399.

Dates of employment--From: _____ To: _____

Job Title: _____

Reason for Leaving _____

Eligible for Rehire? Yes _____ No _____

Overall Performance--Please comment on absence, tardiness, cooperation etc...

Form completed by: _____

Title: _____

X _____

Applicant's Signature

X _____

Social Security Number

X _____

Date

RELEASE AND CONSENT FORM
FOR BACKGROUND CHECK

I authorize Woodlands Senior Park to contact and obtain information about me from any or all of my references, former employers, educational institutions, persons, and law enforcement agencies, and to make inquiries about me, my employment and/or educational background. I release The Woodlands Senior Park, its employees and all other persons and corporations from all liability and responsibility arising out of such inquiry or the response to such inquiry. Further, I authorize the procurement of criminal reports and understand that such reports may contain information as to my background and reputation. Further information may be available upon request and this authorization shall be valid for this and any further requests. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigative report.

NAME: _____
 LAST FIRST MIDDLE

MAIDEN NAME/OTHER NAME USED: _____

SOCIAL SECURITY NUMBER: _____ DOB: ____/____/____

DATE: _____ SIGNATURE: _____

****Date of Birth is used for the sole purpose of conducting a Background Check.****