

EDUCATION: Describe your educational background in the table provided below.

All employees are required to have achieved a high school diploma or its equivalent. Do you meet that requirement? Yes No

All employees are required to be at least 18 years old Are you at least 18 years old? Yes No

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
College/ University					
Graduate/ Professional School					
Trade School					
Licensure/ Certification					
Other					

EMPLOYMENT EXPERIENCE:

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary. **Note: please list mental health experience, even if it was a long time ago.**

If ALL of the information requested in this section is included in an attached resume, please mark this box and skip this section.
 If all/some of the information requested in this section is NOT included in your resume, please fill in that information here.

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
Phone Number		Dates Employed (Month/Year)	
		From	To
Job Title and Duties		Reason for Leaving	
Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
Phone Number		Dates Employed (Month/Year)	
		From	To

Job Title and Duties	Reason for Leaving

List any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

REFERENCES

List three people who know you well and will provide a reference:

If ALL of the information requested in this section is included in an attached resume, please mark this box and skip this section. <input type="checkbox"/> If all/some of the information requested in this section is NOT included in your resume, please fill in that information here.			
Name and Title	Relationship and Years Acquainted	Phone Number or Email	Personal or professional reference?

To the best of your knowledge, do you have any friends/family/acquaintances who currently work for the organization? If so, please share their name, the nature of your relationship, and whether it would be okay for us to speak with them about your application.

Name	Relationship	Okay to contact? Yes or no

GENERAL INFORMATION

1. Have you ever worked for this company before?..... Yes No

If yes, give dates and position: _____

2. On what date are you available to begin work? _____

3. Are you available to work? Full-time Part-time On Call Temporary

4. Days and hours you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day Shift <input type="checkbox"/> PM shift <input type="checkbox"/> Night shift <input type="checkbox"/>						

5. Can you travel if the position requires it?..... Yes No

Note: positions may require driving and verification of clearance to drive company vehicles.

6. If hired, can you present evidence of your identity and legal eligibility to work in the United States? Yes No
7. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT:

Read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize Willow Glen Care Center to thoroughly investigate my references, work record, education, licensure and/or certification, and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to Willow Glen Care Center all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Willow Glen Care Center, my former employers and all other persons, corporations, partnerships, and associations from all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ If hired, I authorize and agree to comply with pre-employment requirements which may include drug screening, criminal background check and live scan, verification of eligibility for the position, examination to determine physical ability to perform the duties of the position, and other requirements in compliance with company policy and statutory regulations. I understand that I will need to gain clearance through the licensing agency and maintain that clearance throughout my employment with WGCC.

_____ If I am employed by Willow Glen Care Center, I understand that I am required to comply with all company rules and regulations.

_____ If hired, I understand and agree that my employment with Willow Glen Care Center is at-will, and that neither I, nor WGCC is required to continue the employment relationship for any specific term. I further understand that WGCC or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ Date: _____