

**Wishon Village, Inc.**  
An Equal Opportunity Employer  
**Employment Application**

**Please Print**

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip

Permanent Address if different from present address  
\_\_\_\_\_   
No. Street City State Zip

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

Full time work?.....Yes \_\_\_ No \_\_\_

Part Time work?.....Yes \_\_\_ No \_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available for work on weekends?.....Yes \_\_\_ No \_\_\_

Would you be available to work overtime, if necessary?.....Yes \_\_\_ No \_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

Personal Information

Have you ever applied to or worked for Wishon Village, Inc. before?.....Yes \_\_\_ No \_\_\_

If yes, when?\_\_\_\_\_

Do you have any friend or relatives working for Wishon Village, Inc.?.....Yes \_\_\_ No \_\_\_

If yes, state name(s) and relationship \_\_\_\_\_

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?....Yes \_\_\_ No \_\_\_

Are you at least 18 years old?.....Yes \_\_\_ No \_\_\_

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the job for which you are applying? Yes \_\_\_ No \_\_\_

If no, describe the functions that cannot be preformed.\_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants;/employees to perform essential functions. Hire many be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted or a criminal offense (felony or serious misdemeanor)?  
(Convictions for marijuana-related offenses that are more than two years old need not be listed.).....Yes \_\_\_ No \_\_\_

If yes, state nature of the crimes(s), when and where convicted and disposition of the case\_\_\_\_\_

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.)

Are you currently employed?.....Yes \_\_\_ No \_\_\_

If so, may we contact your current employer?.....Yes \_\_\_ No \_\_\_

**Education, Training and Experience**

School	Name & Address	No. of years Completed	Did you Graduate	Degree or Diploma
High School			Yes___ No___	
College/ University			Yes___ No___	
Vocational/ Business			Yes___ No___	
Health Care			Yes___ No___	

Typing.....Yes\_\_\_No\_\_\_

Words per minute \_\_\_\_\_

Computer Experience.....Yes\_\_\_No\_\_\_

If yes, please list programs you are comfortable with\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Wishon Village, Inc.? If so, please explain.\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor’s Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor’s Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
                    No                      Street                      City                      State                      Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor’s Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
                    No                      Street                      City                      State                      Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor’s Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: Attach additional page(s) if necessary**

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?

Yes\_\_\_\_\_ No\_\_\_\_\_

If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

List below three people not related to you who have knowledge of your work performance within the last three years.

Name\_\_\_\_\_

Address\_\_\_\_\_

Street	City	State	Zip
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Occupation\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Street	City	State	Zip
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Occupation\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Street	City	State	Zip
--------	------	-------	-----

Occupation\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted\_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and 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 and/or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further, authorize the references I have listed to disclose to the company any and 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 company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the corporation. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the discretion of the corporation, and may be terminated at my discretion given a minimum two weeks notice, and that no promises or representations contrary to the foregoing are binding on the corporation unless made in writing and signed by me and the company's designated representative.

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_