



APPLICATION FOR EMPLOYMENT

Date _____

CURRENT INFORMATION

NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	TELEPHONE NO.	
		CELL PHONE NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
Length of time at current address _____			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you below the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you have work papers? <input type="checkbox"/> Yes <input type="checkbox"/> No		

How did you learn of this opening? Newspaper Word of mouth Career Link Other _____

Have you ever been convicted of a criminal offense? Yes No If yes, Charge _____ Date: _____

Disposition: _____ Date: _____

Are you currently on probation? Yes No

If yes, Name and Phone number of individual supervising your case _____

Do you have any relatives or friends working here? Yes No

If yes, name(s) _____ Relationship _____

_____ Relationship _____

Person to be contacted in case of an emergency _____ Phone # () _____

Relationship to you _____

POSITION

Please check (•) the jobs for which you wish to be considered:

- RN LPN CNA Accounting Activities Switchboard Laundry
 Kitchen Grounds Maintenance Housekeeping Office Companion
 Other, Please list _____

Hourly wage or salary expected? \$ _____ What shifts are you willing to work? 1st 2nd 3rd

Are you able to occasionally work weekends and holidays? Yes No, Specify when you will not work _____

I am willing to work full time. Yes No

I am willing to work part time. Yes No

Were you perviously employed by Wesbury United Methodist Community Yes No If yes, when, in what department?

Date _____ Department _____ Position _____ Reason for Leaving _____

On what date will you be available for work? _____

REGISTRATION LICENSE

Professional registration and/or licensure for RN, LPN or CNA:

Type _____ State _____ Registration No. _____ Dates _____

GENERAL INFORMATION

Are you able to perform the essential functions of the position for which you are applying, with or without accommodation? Yes No
 Do you have reliable transportation? Yes No

MILITARY SERVICE

Branch	Job Description	Dates of Service	Service Awards	Rank at Disc.	Type of Discharge

SKILLS

Please list any skills and abilities you wish to have considered. Include skills with equipment or machines you operate, special computer knowledge, special licensing, certificates, etc.

If you wish to be considered for a clerical position please include proficiency with computers/programs and office equipment.

EDUCATION

Education	Name and Address of School	Course of Study	Circle Last Year Completed	Year Graduated
High School		<input type="checkbox"/> Academic <input type="checkbox"/> General	9 10 11 12	
Vocational Technical School		Course of Study	1 Yr. 2 Yr.	
College		Major _____ Minor _____	Fr So Jr Sr	Year Graduated _____ Degree Earned _____
Nursing School			1 2 3 4	Year Graduated _____ Degree Earned _____
GED or Other (specify)				Year Earned _____

Please include any additional courses, workshops, seminars or other training and skills (including technical, trade and military).

PLEASE READ AND SIGN THE FOLLOWING

APPLICANT PLEASE READ CAREFULLY BEFORE SIGNING.

My signature below indicates that I have read, I understand, and agree to the following:

1. I hereby certify that the information I have provided in the employment application is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false information provided or any relevant information omitted (no matter when discovered) shall result in the termination of my employment.
2. I authorize and instruct Wesbury to make whatever inquiries it deems necessary of any person or organization who is not a consumer reporting agency to verify any of the information I have provided in this application and to determine my qualifications and abilities.
3. In exchange for Wesbury's agreement to receive, process and consider my application for employment, I hereby release Wesbury and any and all persons or organizations contacted by Wesbury from any and all claims or causes of action arising out of Wesbury's verification of the information I have provided in this application and/or its determination of my qualifications and abilities.
4. I understand that if an offer of employment is made to me it shall be contingent upon my completion of a post-employment offer physical assessment to the satisfaction of Wesbury. I hereby consent to undergo physical examination which may include any and all tests and procedures determined by Wesbury to be helpful in evaluating my suitability for employment, including but not limited to blood tests, urinalysis, X-rays, controlled substance and/or alcohol testing, etc.

Date _____ Signature of applicant _____

PERSONAL REFERENCES (not former employers or relatives):

Name

Address

Phone No.

Thank you for completing this application and for your interest in employment with us. Wesbury United Methodist Retirement Community will give equal consideration to any applicant regardless of race, color, religion, age, sex or national origin. Employment will be offered to the applicant considered best qualified and suited for the job position that is open.



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