

Golden Years of Walworth

Application for Employment

Candidate's Name: _____ Date: _____

Current Address: _____ How long? _____

Previous Address: _____ How long? _____

Telephone Number: _____ Email: _____

Are you 18 years of age or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends

(Check all that apply)

Day Shift

PM Shift

Night Shift

Casual

Holidays

Have you previously worked for *Golden Years of Walworth*? Yes No

Dates of employment with *Golden Years*: from _____ to _____

Reason(s) for leaving: _____

How did you learn about this opening? _____

Referred by: _____

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three **professional references**; Former employers or supervisors who are able to verify your job-related abilities and skills.

Name: _____	Phone Number: _____
Address: _____	City, State, Zip: _____
Email: _____	
Position or Title: _____	Years Known: _____

Name: _____	Phone Number: _____
Address: _____	City, State, Zip: _____
Email: _____	
Position or Title: _____	Years Known: _____

Name: _____	Phone Number: _____
Address: _____	City, State, Zip: _____
Email: _____	
Position or Title: _____	Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed and former supervisors, managers, or employers to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date

We are an EQUAL OPPORTUNITY EMPLOYER. We do not discriminate in hiring or employment on the basis of race, color, religion, gender, national origin, age, disability or on any other basis prohibited by federal, state, or local law(s). No question on this form is intended to secure information to be used for any such discrimination.

