**WASC**

**EMPLOYMENT APPLICATION**

READ CAREFULLY: Equal access to employment is available to all persons. We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, and/or any other legally protected status. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify the Administrator.

Please answer all questions completely.

|  |  |  |
| --- | --- | --- |
| DATE OF APPLICATION | TYPE OF WORK OR POSITION DESIRED  | WHEN COULD YOU BE AVAILABLE IF EMPLOYED? |
| HOURLY SALARY DESIRED | TYPE OF EMPLOYMENT DESIRED PRN FULL-TIME PART-TIME TEMPORARY  | HOW DID YOU HEAR ABOUT THIS JOB? |
| **P****E****RS0NAL** | LAST  | FIRST  | MIDDLE | CELL PHONE NO. |
| ADDRESS: STREET • CITY STATE | ZIP | ARE YOU ABLE TO RECEIVE TEXTS?. |
| HAVE YOU APPLIED HERE BEFORE?  YES NO | IF YES, WHEN? | ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?  |  YES NO (*Proof of eligibility to work in the United States will be required upon employment.)* |
| **EDUCATI0N**  | TYPE | NAME OF SCHOOL |  | LOCATION(CITY & STATE) | DEGREEATTAINED YES OR NO |
| HIGHSCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| NURSINGSCHOOL |  |  |  |  |
| GRADUATEWORK |  |  |  |  |
| OTHER |  |  |  |  |
| MAJOR STUDIES: | MINOR STUDIES:  |
| OTHER SKILLS ACQUIRED OR ADDITIONAL EDUCATION YOU FEEL IS PERTINENT TO YOUR APPLICATION (BUSINESS MACHINES OPERATED, ETC.)ETC.) INCLUDE ANY PROFESSIONAL CERTIFICATIONS. |
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|   t |  |  |
|   |  |  |
| IF YOU ARE AN R.N. OR OTHER PROFESSIONAL REQUIRINGLICENSING, ARE YOU CURRENTLY LICENSED? YES NO |  LICENSE NO.: STATE: |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR VIOLATION? *(Please note: a conviction does not mean and/or imply you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying. Failure to answer this question accurately could cause denial of employment or termination of employment.*) |  YES  |  NO | EXPLAIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 May attach additional sheet.

Check current certifications: CPR ACLS PALS OTHER

Check basic skills: Microsoft Word Excel QuickBooks/Quicken/Peachtree/Creative Solutions/OTHER Word Processing

OTHER Certifications/Licenses/Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

List all employment for the past 10 years, or since leaving school, starting with your most recent position. All time must be
accounted for including U.S. Military Service. If you were unemployed for any period, state the nature of your activities. As your work experience is an important factor in finding a position for which you are suited, complete carefully.

PRESENT EMPLOYER MAY BE CONTACTED? YES NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYER NAME | ADDRESS | POSITION HELD /**SALARY UPON TERMINATION** | **EMPLOYMENT****DATES** | DESCRIBE DUTIES |
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Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Summarize special job-related skills and qualifications acquired from employment or other experience, including any military

experience or job-training:

State any additional information you feel may be helpful to us in considering your application:

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

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

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

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

Please list three persons, other than relatives, who have known you for at least one year whom we may contact for reference purposes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **TELEPHONE #** | **HOW KNOWN** | **MAILING ADDRESS** |
|  |  |  |  |  |
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**APPLICANT STATEMENT**

**I understand that I may attach a copy of my resume as a reference; however, it is necessary to complete the application in full and submit it with my resume.**

**I certify that the information I have provided in this application is true and complete to the best of my knowledge. I also understand that any false or misleading information given in my application or interview(s) may result in my being disqualified for consideration for employment or, if already employed, discharge from employment.**

**I authorize investigation of all statements contained herein and the references listed above. I understand that for the organization and its personnel to make a knowledgeable decision as to my being hired, they must check with my prior employers. I consent to and authorize my previous employers and references to give the organization and its personnel any and all information concerning my previous employment and any pertinent information they may have. I release all parties from all liability for any damage that may result from the furnishing of this information to WASC.**

**I also understand that, if employed, I may be required to work at other than my regular assignment and hours, including but not limited to overtime, as the needs of the organization require, and that my continued employment is subject to complying with those other rules, regulations, and conditions as established by management.**

**I understand that I may be required to pass a drug screen before a final offer of employment is made. Random drug screening may also be required at any time throughout my employment. By signing below, I consent to these procedures.**

**I understand that my application will remain on file for a period of six months (180) days. After that time period, it will be necessary to complete a new application for employment consideration with the organization.**

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THE ORGANIZATION WILL BE “AT-WILL,” WHICH MEANS THAT I MAY RESIGN AT ANY TIME AND THAT THE ORGANIZATION MAY DISCHARGE ME AT ANY TIME, WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS “AT-WILL” EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENTATION OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE ADMINISTRATOR.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**DATE APPLICANT SIGNATURE**

## Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center Representative Name and Title