



Application for Employment



Applicant Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone / Alternate #: _____

E-Mail Address: _____

Position(s) applied for or type of work desired: _____

Type of employment desired: ___ Full Time ___ Part Time ___ Temporary

Hours available to work: ___ 6 am – 2 pm ___ 2 pm – 10 pm ___ 10 pm – 6 am

 ___ Overtime ___ Holidays ___ Weekends

Salary Requirements: _____ Date you will be available to start work: _____

Have you ever been previously employed by our organization? : ___ Yes ___ No

If yes, give dates employed: _____

Are you 21 years of age or older? : ___ Yes ___ No

Are you eligible to work in the United States? ___ Yes ___ No

Are you a member or veteran of the US Armed Forces? ___ Yes ___ No

Do you have a valid Driver's License? ___ Yes ___ No

Have you ever been convicted of, entered a guilty plea, no contest, or had a withheld judgment to a felony, or a crime other than a minor traffic violation? : ___ Yes ___ No

Have you been convicted of, entered a guilty plea, no contest, or had a withheld judgment to a felony, or any crime dealing with a minor? : ___ Yes ___ No

If yes, please explain (a conviction will not automatically bar employment):

How were you referred to us? _____

Educational History

List school name, location, years completed, course of study, and any degrees earned:

High School: _____

College: _____

Technical Training: _____

Other: _____

Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:



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Employment History

Provide all employment information from past four employers; start with most recent:

1) Employer: _____ Position Held: _____
 Address: _____
 Telephone Number: _____
 Immediate supervisor and title: _____
 Dates employed: From _____ to _____ Salary: _____
 Was this position: ___ Full Time ___ Part Time
 Job summary: _____

 Reason for leaving: _____
 Was this separation: ___ Voluntary ___ Involuntary
 May we contact this employer? ___ Yes ___ No
 If 'no', please indicate why: _____

2) Employer: _____ Position Held: _____
 Address: _____
 Telephone Number: _____
 Immediate supervisor and title: _____
 Dates employed: From _____ to _____ Salary: _____
 Was this position: ___ Full Time ___ Part Time
 Job summary: _____

 Reason for leaving: _____
 Was this separation: ___ Voluntary ___ Involuntary
 May we contact this employer? ___ Yes ___ No
 If 'no', please indicate why: _____



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3) Employer: _____ Position Held: _____
 Address: _____
 Telephone Number: _____
 Immediate supervisor and title: _____
 Dates employed: From _____ to _____ Salary: _____
 Was this position: ___ Full Time ___ Part Time
 Job summary: _____

 Reason for leaving: _____
 Was this separation: ___ Voluntary ___ Involuntary
 May we contact this employer? ___ Yes ___ No
 If 'no', please indicate why: _____

4) Employer: _____ Position Held: _____
 Address: _____
 Telephone Number: _____
 Immediate supervisor and title: _____
 Dates employed: From _____ to _____ Salary: _____
 Was this position: ___ Full Time ___ Part Time
 Job summary: _____

 Reason for leaving: _____
 Was this separation: ___ Voluntary ___ Involuntary
 May we contact this employer? ___ Yes ___ No
 If 'no', please indicate why: _____

References

List 3 references names/telephone number/years known (do **not** include relatives or employers):



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We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

In consideration for my employment with your company, I agree to conform to the rules and regulations of the company as set forth in the company’s employee handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or be added to by the employer at any time, at the employer’s sole option and without any prior notice to me.

I hereby authorize Wernle to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for refusal to hire or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that no representative of the company has any authority to enter into any agreement for employment, for any specified period of time, or to assure any benefits, or terms and conditions of employment other than those set forth in the employee handbook, either prior to commencement of employment, or after I have become employed. This application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that, Wernle Youth & Family Treatment Center supports a drug free work environment. An offer of employment is contingent upon submitting and passing a pre-employment physical and drug screen as well as all required background checks.

I also understand that if I am employed, I will be required to provide educational qualifications, a valid driver’s license and proof of insurance (if applicable), and complete the federal I-9 form and bring acceptable original forms of identification documents on my date of hire. Failure to submit such proof within the required time may result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____

Date: _____

All applications will be held on file for one year from application date.

Please save the application and send via email to hroffice@wernle.org.

After submitting your application please complete the Predictive Index Survey.