



WCH

WASHINGTON
COUNTY HOME

Deanna Green Administrator

EMPLOYMENT APPLICATION

Date available: _____

PLEASE PRINT CLEARLY

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Cell Phone: _____ Social Security No.: _____ Do you want Full/Part-time _____

Position Applied for: _____

Dayshift

Are you available to work

Weekends

Overtime

Call In

9:45p to 6:15a

5:45a to 2:15p

1:45p to 10:15p

Above you have indicated which position you are applying. Will you accept a job on another shift if offered? _____

If so, what? _____

Have you ever worked for this company? YES NO
 If yes, when? _____

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

PROFESSIONAL LICENSES AND OR CERTIFICATIONS

Type: _____ Organization or state issued _____ Issue Date: _____

Number: _____ Verification: _____

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Number: _____ Verification: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

The Washington County Home does not discriminate in hiring or any other decision based on race, religion, sex, sexual orientation, national origin, or veteran status. Questions on this application are intended to secure information to be used for determining the best candidate for the job.

I voluntarily give this institution the right to make a thorough investigation of my past employment and criminal history. I authorize investigation and release from all liability or responsibility all persons, companies with who I have had contact. I agree to take a physical exam or any test to determine my ability to perform the duties of the position for which I have applied and any examination in the future which the employer deems necessary. I understand that an offer of employment will be contingent on my ability to perform the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate employment for misfeasance, malfeasance, or other just cause. I understand that my employment may be terminated by a misstatement or misrepresentation on this application.

I understand, if employed, I will be required to complete an Employment Verification Form (I-9) and be fingerprinted. This information will be used, in part, to determine my eligibility for continued employment.

Applicant's Signature Date