

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

*We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants are given equal opportunity, and that selection decisions be based on job related factors.*

Answer each question fully and accurately. No action can be taken on this application until you have answered ALL questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on this application.

In reading and answering the following questions, you are aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

**Position Applying For:** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Are you seeking:** Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ PRN \_\_\_\_\_

**Date available for employment:** \_\_\_\_\_ **Do you smoke?** \_\_\_\_\_

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(Last Name) (First Name) (MI) (Telephone Number)

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(Present Street Address) (City) (State) (Zip Code)

**Are you 18 years of age or older?** Yes \_\_\_ No \_\_\_ **SS# (optional)** \_\_\_\_\_

**If hired, can you submit proof of age?** Yes \_\_\_ No \_\_\_

**If hired, can you submit proof of eligibility to work in the US?** Yes \_\_\_ No \_\_\_

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**Have you ever applied at WMH before?** Yes \_\_\_ No \_\_\_ **If yes, when?** \_\_\_\_\_

**Have you ever been employed at WMH before?** Yes \_\_\_ No \_\_\_ **If yes, when?** \_\_\_\_\_

**Have you ever been convicted of any law violation, (not to include minor traffic violations)** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please give details:**

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(A 'yes' answer does not automatically disqualify you from employment since the nature of the offense, date and job you are applying for are also considered.)



**WMH Employment Application  
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**Employment History  
Current Employer**

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**Name**                      **Address**                      **Phone #**                      **Supervisor**

**Dates of employment:** From \_\_\_\_\_ to \_\_\_\_\_

**Beginning rate of pay:** \_\_\_\_\_ **Current rate of pay:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Job Duties:** \_\_\_\_\_

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**Previous Employer**

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**Name**                      **Address**                      **Phone #**                      **Supervisor**

**Dates of employment:** From \_\_\_\_\_ to \_\_\_\_\_

**Beginning rate of pay:** \_\_\_\_\_ **Final rate of pay:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Job Duties:** \_\_\_\_\_

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**Previous Employer**

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**Name**                      **Address**                      **Phone #**                      **Supervisor**

**Dates of employment:** From \_\_\_\_\_ to \_\_\_\_\_

**Beginning rate of pay:** \_\_\_\_\_ **Final rate of pay:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Job Duties:** \_\_\_\_\_

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**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

*I certify that all information provided in this employment application is true and complete. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my dismissal, if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting and/or law enforcement agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency, so that I may obtain a complete disclosure of the nature and scope of the investigation.*

*I authorize the investigation and any and all statements contained in this application. I also authorize whether listed or not, any person, school, currently employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that I may be required to successfully pass a drug screening examination. I hereby, consent to a pre, post and/or random employment drug screen, as a condition of employment if required.*

*I understand that this application or subsequent employment, does not create a contract of employment, nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause, and with or without notice.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Equal Employment Action Information

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment, without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

**Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application packet. The expanded categories are required by the Equal Employment Opportunity Commission.**

**PLEASE PRINT**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Position Applied For (list only one) \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race/Ethnic Origin: \_\_\_\_\_ White \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Two or more races  
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Are you a Vietnam Era Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

A person who served on active duty for a period of more than 180 days any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from service with other than a dishonorable discharge or for a service connected disability.

Are you a disabled veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

A person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Do you have a mental or physical disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of impairment, or who is regarded as having such an impairment.