

# WestCare Foundation

(and all related entities)

## An Equal Opportunity Employer Application for Employment

AZ \_\_\_ CA \_\_\_ FL \_\_\_ GA \_\_\_ NV \_\_\_ Foundation \_\_\_

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # \_\_\_\_\_ Other \_\_\_\_\_ Email \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_  
(Please name the source)

Best time to call you at home is \_\_\_\_\_ May we contact you at work? Yes \_\_\_ No \_\_\_ If yes, work number and best time to call: \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

Have you submitted an application here before? Yes \_\_\_ No \_\_\_ If yes, give date(s) and position(s) \_\_\_\_\_

Are you legally eligible for employment in this country? Yes \_\_\_ No \_\_\_ Date available for work \_\_\_\_\_

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ Per \_\_\_\_\_  
(Hour, year)

Type of employment desired: Full-Time \_\_\_ Part-Time \_\_\_ Seasonal \_\_\_ Temporary \_\_\_

Type of work schedule (check all that apply): Days \_\_\_ Afternoon \_\_\_ Midnight \_\_\_ Weekends \_\_\_ Pool \_\_\_ Any \_\_\_

Will you relocate if job requires it? Yes \_\_\_ No \_\_\_ Will you travel if job requires it? Yes \_\_\_ No \_\_\_

Are you able to meet the attendance requirements of the position? Yes \_\_\_ No \_\_\_

Will you work overtime if required? Yes \_\_\_ No \_\_\_ If no, please explain \_\_\_\_\_

If driving is an essential function of the job for which you are applying, provide driver's license number: \_\_\_\_\_

State \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_ No \_\_\_

Note: Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Please be aware that WestCare is required to conduct an independent criminal background check on final candidates for most positions.

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please give date and details: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Starting with your present or most recent employer, provide the following information:

Employer _____ Name	From: _____ Month/Year	To: _____ Month/Year
_____	_____	_____
Address	City	State Zip Code
Starting/Ending Job Title _____	Starting/Ending Pay Rate _____	Per: Hour ___ Year ___
Immediate Supervisor/Title _____	Phone _____	
Summarize type of work and job responsibilities _____		
_____		
_____		

Employer _____ Name	From: _____ Month/Year	To: _____ Month/Year
_____	_____	_____
Address	City	State Zip Code
Starting/Ending Job Title _____	Starting/Ending Pay Rate _____	Per: Hour ___ Year ___
Immediate Supervisor/Title _____	Phone _____	
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_____		
_____		

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_____		
_____		

Employer _____ Name	From: _____ Month/Year	To: _____ Month/Year
_____	_____	_____
Address	City	State Zip Code
Starting/Ending Job Title _____	Starting/Ending Pay Rate _____	Per: Hour ___ Year ___
Immediate Supervisor/Title _____	Phone _____	
Summarize type of work and job responsibilities _____		
_____		
_____		

**EMPLOYMENT HISTORY (CONTINUED)**

Explain any gaps in your employment, other than those due to personal illness, injury or disability \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes \_\_\_ No \_\_\_ If yes, please explain:

**SKILLS AND QUALIFICATIONS**

Please use the space below for any additional information necessary to describe your full qualifications (i.e., "specialty" areas such as substance abuse, mental health, counseling, domestic violence, child care, etc; or computer skills, special equipment, office training, etc.)

Do you speak, read or write in any language in addition to English? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_

**EDUCATION AND TRAINING**

Name of School and Address	No. of yrs	Course/Major	Diploma/Degree
Name of School and Address	No. of yrs	Course/Major	Diploma/Degree
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**PROFESSIONALS AND TECHNICAL APPLICANTS ONLY**

Professional License/Certification Number	Type of License	Place of issue	Expiration date
Professional License/Certification Number	Type of License	Place of issue	Expiration date
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**MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:** If you are licensed, has your license ever been suspended or revoked, or are you currently involved in any proceeding that could affect your license or certification? Yes \_\_\_ No \_\_\_ If yes, please give date, location and disposition of your case:

**REFERENCES**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	Years known
Name	Title	Relationship to you	Telephone	Years known
Name	Title	Relationship to you	Telephone	Years known

**EMERGENCY CONTACT INFORMATION**

Provide name, address and telephone number of the person to contact in case of an emergency.

Name	Address	Relationship to you	Telephone

**RELATED INFORMATION**

List special professional accomplishments, publications, awards, etc.

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Is there any other job-related information you want us to know about you? \_\_\_\_\_

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**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with WestCare is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, drug-test, and or satisfactory completion of a background examination.

I expressly authorize, without reservation, WestCare, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding WestCare, its agents, employees or representatives for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that WestCare does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days, but is kept for at least 1 year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and WestCare reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as required by law. I understand that no supervisor or representative of WestCare is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the CEO of WestCare.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the WestCare, Inc's service, whenever it is discovered.

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

**I certify that I have read, fully understand and accept all terms of the Applicant Statement.**

Signature of Applicant	Date