

TO APPLICANT: This application will be given consideration, but its receipt by Willow Gardens does not imply or guarantee employment. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, ancestry, citizenship status, sexual orientation, arrest records or any other characteristic protected by applicable federal, state or local laws. Willow Gardens will attempt to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you require such assistance to complete this form, to participate in an interview or to perform a job, please let us know.

PERSONAL DATA: (Please Print)

Today's Date: _____

Full Name (no abbreviations) _____

Address _____ City _____ State/Zip _____

Telephone _____ Social Security # _____

Email: _____

EMPLOYMENT INFORMATION

Position Applied For _____ Min. Salary Requested _____

Type of Employment Desired: Full-Time Part-Time Per Diem

Availability: Days: M Tu W Th F Sa Su Hours: _____

When can you report for work? As of (date) _____

Were you previously employed by us? Yes No

If yes, please list dates/position(s) _____

If you are under 18-years old, can you provide proof of your eligibility to work? Yes No

If hired, will you be able to provide proof of your eligibility to work in the United States? Yes No

Do you have any friends or relatives employed at Willow Gardens, United Hebrew, Willow Towers or at AZOR, Inc.? Yes No

If yes, please lists name(s) & relationship to you. _____

Have you ever been certified as a Nursing Assistant in any state? Yes No If yes, which state(s) _____

Have you had any findings of patient or resident abuse? Yes No

Have you ever been convicted of a crime – misdemeanor or felony? (excluding traffic violations) Yes No

Conviction will not necessarily be a bar to employment. If yes, please explain: _____

EDUCATION & TRAINING

Circle highest grade completed: 5 6 7 8 9 10 11 12

College 1 2 3 4 Graduate 1 2 3 4

Degree or Licenses held: _____

SCHOOL	NAME & LOCATION	FROM (month/year)	TO (month/year)	GRADUATED ?	DEGREE	MAJOR &/or AREA of STUDY
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

The following is required for MD, RN, LPN, OT, PT, COTA, PTA positions
License # _____

for CNA positions
Certification # _____

EMPLOYMENT HISTORY

Please list your employment history below, beginning with your current or most recent employer. Please complete all information on this form; stating "See Resume" is not sufficient to consider your application complete.

Company Name			Specific Duties		
Street Address					
City & State			Telephone		
Dates Employed		From	To	Starting Salary	
				Ending Salary	
Hired as (starting Job Title)			Supervisor's Name & Title		Reason for Leaving
Current or Last Job Title			Supervisor's Name & Title		

Company Name			Specific Duties		
Street Address					
City & State			Telephone		
Dates Employed		From	To	Starting Salary	
				Ending Salary	
Hired as (starting Job Title)			Supervisor's Name & Title		Reason for Leaving
Last Job Title			Supervisor's Name & Title		

Company Name			Specific Duties		
Street Address					
City & State			Telephone		
Dates Employed		From	To	Starting Salary	
				Ending Salary	
Hired as (starting Job Title)			Supervisor's Name & Title		Reason for Leaving
Last Job Title			Supervisor's Name & Title		

MILITARY SERVICE

Have you ever served in the Armed Forces of the United States? Yes No

If yes, which branch of service? _____ Dates of service: _____

LANGUAGE & OTHER SKILLS

Please list any languages (other than English) that you can speak. _____

Please list the computer systems and software you have experience with &/or any other experience, skills or qualifications that you feel would especially qualify you to work with Willow Gardens.

APPLICANT'S ACKNOWLEDGEMENT

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete. I understand that false, misleading or incomplete information given in my application or in any interview will be sufficient grounds for rejection of my application or the withdrawal of any outstanding job offers; or, if employed, for dismissing me from employment. I authorize Willow Gardens to contact all my employment references and to inquire about, investigate and obtain copies of any records that relate to me from my former employers and educational institutions I have attended. I authorize Willow Gardens to secure additional, job-related information about me, including background &/or credit investigations. I hereby release Willow Gardens, as well as any person or institution that provides Willow Gardens with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation or communication.

If hired, I agree to abide by all company rules and investigations. I understand and agree that nothing in this application shall constitute a contract or guarantee of employment. I also understand that, if employed, my employment may be terminated with or without notice at any time at the will of either Willow Gardens or myself. I further understand that no representative or agent of Willow Gardens has the authority to enter into any agreement of employment, whether expressed or implied, or to make any agreement contrary to the foregoing. In addition, I understand that Willow Gardens shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

Applicant's Name (print) _____ Signature _____ Date _____