



Application for Employment



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.