

WEEPING RIDGE HOMES APPLICATION



GENERAL INFORMATION (Please complete and circle/check appropriate places)

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	TELEPHONE:
ADDRESS (MAILING)		(CITY)	(ST)
EMAIL ADDRESS:		Are you legally entitled to work in US?	<input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION CERTIFICATE/LICENSE (circle all that apply)

RN	LPN	NAC	NAR	CNA	HOME CARE AID	OTHER	DESIRED DAYS	Sun	Mon			
								Tue	Wed	Thur	Fri	Sat

Have you ever been convicted of a crime? Yes No
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

SHIFTS (12 HOURS)

DAY: 7 AM - 7 PM	NOC: 7 PM - 7AM	OTHER:	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time
TRAVEL: <input type="checkbox"/> Yes <input type="checkbox"/> No	FACILITY YOU WISH TO APPLY:	NORTH (Children)	WEST (Adult)	ESTATE(Adult)

EDUCATION AND TRAINING

High School Graduate or Equivalent Yes No (If no list highest grade completed): _____

College/Military: (most recent first)

NAME/LOCATION	DATE SPAN	CREDITS EARNED		GRADUATE	DEGREE – YEAR	MAJOR OR SUBJECT
		Qtr/Sem	hr			
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Professional License	Number:	Issued/State	Expiration Date
Drivers License	Number:	Issued/State	Expiration Date

CURRENT CERTIFICATES/TESTS: First Aid CPR BLS Food handler Mental Health Diabetes Dementia 9HR ND Cert HIV/BBP DDD Safety TB (one step) TB (two step) Other: _____

Educational Plans:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Second Language	Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spoken	Reading	Writing
--------------------	--	-----------------	--	--------	---------	---------

VETERAN INFORMATION (Most recent)

Branch of Service:	Date of Entry	Date of DC:
Reserves: <input type="checkbox"/> Yes <input type="checkbox"/> No	Training schedule:	

SPECIAL TRAINING/SKILLS (Summarize full qualifications in regards to pediatrics or specific position you are applying):

Please see attached resume for more details.

WORK EXPERIENCE (most recent first) (Include voluntary and/or military experience)

EMPLOYER:	Contact:	Ph:
Address:	City:	ST:
Job Title:	From (Month/Year)	
Special Duties:	To (Month/Year)	

Reason for Leaving: Career prospects Growth Opportunities, New direction Change in challenges Company restructuring	Other:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--------	---

WEEPING RIDGE HOMES APPLICATION



WORK EXPERIENCE (Continued) (most recent first) (Include voluntary and/or military experience)

EMPLOYER:	Contact:	Ph:	
Address:	City:	ST:	From (Month/Year)
Job Title:			
Special Duties:			To (Month/Year)

Reason for Leaving: Career prospects Growth Opportunities, New direction Change in challenges Company restructuring	Other:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--------	---

WORK EXPERIENCE (Include voluntary and/or military experience)

EMPLOYER:	Contact:	Ph:	
Address:	City:	ST:	From (Month/Year)
Job Title:			
Special Duties:			To (Month/Year)

Reason for Leaving: Career prospects Growth Opportunities, New direction Change in challenges Company restructuring	Other:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--------	---

PERSONAL REFERENCES/CONTACTS: (List 3 references other than relatives or previous employers)

NAME:	PHONE:	OFFICE USE ONLY			
		CALLED	MESSAGE	FU	INITIAL

APPLICATION WAIVER FORM

In exchange for the consideration of my job application by Weeping Ridge Homes (WRH), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, policy statements and the like as they may exist from time to time, or any other WRH practices, shall serve to create and actual or implied contract of employment or to confer any right to remain an employee of WRH or otherwise to change any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and WRH may end the employment relationship at any time.

I authorize investigation of all statements contained in this application. I understand that misrepresentation and/or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby release WRH from any liability as a result of such contact.

I further understand that my employment with WRH shall be probationary for a period of ninety (90) days and further that at any time during my probationary period or thereafter, my employment relationship with WRH is terminable at will for any reason by either party.

Signature of Applicant

Date

Weeping Ridge Homes are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with WRH depends solely on your qualifications. *Thank you for completing this application form and for your interest in our homes.*

Office Use Only
Interviewer(s)
Date:
Accept: <input type="checkbox"/> Yes <input type="checkbox"/> No