

# WOODYS PLACE

## EMPLOYMENT APPLICATION FORM

Report Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

<b>Personal Information:</b>		
Last Name:	First Name, Mi:	SSN: <span style="float: right;">DOB:</span>
Present Address:	City / State / Zip	Phone / Cell Phone
Permanent Address:	City / State / Zip	Phone / Cell Phone
How Long Have You Lived at Current Address?.....	Yrs. _____ Months _____	Over 18?    Y    N
<b>Employment Desired:</b>		
Desired Position:	Date You Can Start:	Available on Short Notice? Y    N
Are You Employed Now?    Y    N	May we enquire of your present employer?    Y    N	Days/Hours Available to Work?
<b>Education History:</b>		
High School	Name and Location	Years Attended   Graduation Date
College	Name and Location	Years Attended   Graduation Date
Trade, Business School	Name and Location	Years Attended   Graduation Date
<b>General Information:</b>		
Have You Ever Been Convicted of a Crime? Y    N	Type:	On Probation Now?    Y    N
If yes, explain number of convictions(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...		
Do you have a Driver's License? Y    N	License No.	State Issued / Expiration Date
Have you had any accidents in the last three (3) years?    Y    N	If Yes, Please Explain:	
Have you had any moving violations in the last three (3) years?    Y    N	How Many?	If Yes, Please Explain:

<b>Prior Employment:</b>								
Are you Currently Employed:      Y      N			Can We Contact Your Current Employers?      Y      N			Supervisor's Name: / Phone:		
Name of Company: From – To      No. Years			Address:			Supervisor's Name: / Phone:		
Name of Company: From – To      No. Years			Address:			Supervisor's Name: / Phone:		
Name of Company: From – To      No. Years			Address:			Supervisor's Name: / Phone:		

<b>References:</b> Please list three ((3) Personal References								
Name:			Address:			Relationship / Phone		

<b>Emergency Contact Information:</b>								
Name:			Contact Phone/Cell No.:			Relationship		

<b>PLEASE READ CAREFULLY</b>								
<b>APPLICATION FORM WAIVER</b>								
<p>In exchange for the consideration of my job application by Woodys Place (hereinafter called "the Company"), I agree that:</p> <p>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, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Woodys Place, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Woodys Place may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.</p> <p>I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby</p>								

release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable "at will" for any reason by either party.

**Signature of Applicant**

**Date:**

This Company is 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 this Company depends solely on your qualifications.

***Thank you for completing this application form and for your interest in our business.***

**TO BE COMPLETED BY EMPLOYER**

Date of Employment:	Job Title:	Dept.:
Location:	<b>Rate of Pay:</b>	Full-time      Part-time      Salaried
Applicant's signature acknowledging above information		Date Signed:
Name of Person Verifying Information:		
Name of Person Authorizing Employment / Remarks:		

Neatness:	Character:	Forms / Manual Provided: <b>Yes      No</b>
Personality:	Ability:	Co. Policy Given: <b>Y      N</b>
Hired:	Position:	Start Date:
Completed: W-4 <b>Y      N</b>	SS Card: <b>Y      N</b>	Drivers Lic.: <b>Y      N</b>

**Remarks:**

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