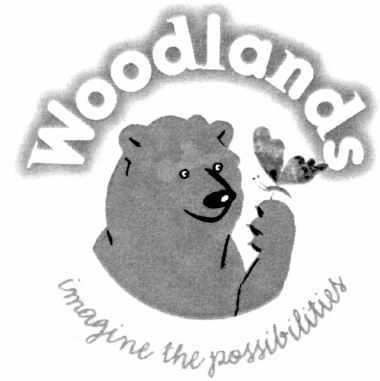


Application for Employment



THE WOODLANDS FOUNDATION, INC.

134 Shenot Road, Wexford, Pennsylvania 15090
 PHONE (724) 935-6533 FAX (724) 934-9610

Federal and state laws prohibit discrimination in employment practices on account of race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, or disability.		Date
Last Name	First Name	MI
		Social Security No.
Please list any additional information relative to change of name, use of an assumed name, or nickname that will help us check on your work record.		
Present Address (Include Street, City, State, and ZIP Code)		Phone No.
Last Previous Address (if at present address less than two years)		
Are you over 17 years of age?	If under 18, do you have working papers?	
Are you now legally employable within the United States?	Have you ever been convicted of a crime? Give details.	
Have you ever applied to this organization for a job before? If yes, when?	What brought you to this organization? <input type="checkbox"/> newspaper ad <input type="checkbox"/> employment agency <input type="checkbox"/> school <input type="checkbox"/> state employment service <input type="checkbox"/> other, please list	
Were you ever employed by this organization?		
Position Desired	Salary Desired: \$	
Status (circle one): full-time part-time summer	Earliest start date:	
Are you able to do lifting and strenuous activity? Yes No (Gatehouse, Camp, and Weekends staff only)	Do you have a valid PA driver's license? Yes No	

Work Experience – account for all employment since high school or last 10 years, whichever is less, with most recent experience first.

From Mo/Yr	To Mo/Yr	Employer Name, Address	Principal Duties	Salary Beg End		Supervisor's Name, Title, Phone	Reason for Leaving

Education

Name	Address	Course of Study		Graduate? If Yes, state degree
High School:				
College/Tech/Bus. School:		Major:	Minor:	
Graduate School		Major:	Minor:	

Are you still in school? If yes, where?

How many courses are you now taking?

Number of credits to date:

What is the course of study?

Account for all unemployment since leaving school and between positions for the last 10 years.

From Mo/Yr	To Mo/Yr	State what you were doing	Persons other than relatives who can confirm unemployment (give telephone number)

Special skills (fill in only if job-related):

Do you speak any foreign languages? Read? Write?

Personal Reference: Give the name, address, and telephone number of a personal reference other than a relative or employer.

Name	Address	Telephone Number

State any additional information you feel may be helpful to us in considering your application:

Employee responsibility to this organization. Please read before signing.

As a condition of my employment, I accept the principle that the welfare of the organization depends upon the conduct and honesty of the staff and upon the trust and confidence of the public. Our clients rightly expect honesty, security, and confidentiality in their affairs. I therefore agree to the following:

1. I agree to give no unauthorized information relative to the accounts of the organization or its relation with others, and to discuss no matters of a confidential nature relating to the organization's affairs unless such discussion is in the necessary course of the organization's business and is in accordance with the organization's policy.
2. I also agree to inform the management of the organization, without delay, if any fraud, false entry, substantial error, embezzlement, or employee misconduct, which I discover or know to have taken place in any record, property, or funds of the organization, and to report any transaction or matter that seems damaging to the organization.

I acknowledge and understand that any violation of this agreement may result in the termination of my employment.

Name

Signature

Date

Please also read before signing. If you have any questions regarding this statement, please ask them of any interviewer before signing.

In the event of my employment with this organization, I will comply with all the rules and regulations as set forth in the organization's policy manual or other communications distributed to all staff members. Additionally, I authorize the organization to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party with a legal and proper interest.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that falsification could result in termination of my employment. In consideration of my employment, I agree to conform to the rules and regulations of the organization. I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the organization or myself. This is not a contract of employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time. Any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand and agree that any employment will be at the sole discretion of the organization. I understand that past employers/educational institutions and/or the military will be contacted for references.

For reference purposes,

- you may
- you may not

contact my present employer.

I hereby acknowledge that I have read the above statement and understand the same.

Applicant's Signature

Date

THE WOODLANDS FOUNDATION

ENRICHING THE LIVES OF CHILDREN AND ADULTS WITH DISABILITY
AND CHRONIC ILLNESS IN WESTERN PENNSYLVANIA