

Employment Application-Woodbury Wellness & Stonebridge at Woodbury

Woodbury Wellness Center, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Your Contact Information

Date of Application <input type="text"/>	First Name	Last Name
Date Available to Begin Employment <input type="text"/>	Phone	E-mail Address
Permanent Address	City, State	Zip
Present Address (If Different from Permanent)	Alternate Contact Number	Social Security # (To Be Given Voluntarily)

Which position(s) are you applying for? CNA Environmental Services Licensed Practical Nurse (LPN) RN Other	Dietary Services Medication Technician Life Enrichment (Activities) Assistant Therapist (PT/OT/ST)	Will you accept employment of: Full Time Part Time Temporary	Are you 18 years of age or older? Yes No	
Are you eligible for employment in a full-time job in the USA? Yes No	Have you been employed with Woodbury Wellness Center, Inc.? Yes No	If so, when? Start Date <input type="text"/>	End Date <input type="text"/>	How did you learn of this employment opportunity?

Type of Work Desired

First Choice	Second Choice	Third Choice
Shift & Salary	Shift & Salary	Shift & Salary

Education

Select Highest Grade Completed	9	10	11	12	Some College
	Vocational Training	Associates Degree	Bachelors	Masters	

High School (Name of School)

	Completed	
	Yes	No
Location (City, State)	Courses Taken	Type of Degree or Certificate Received

College (Name of School)

	Completed	
	Yes	No
Location (City, State)	Courses Taken	Type of Degree or Certificate Received

Vocational (Name of School)

Completed

Yes No

Location (City, State)

Courses Taken

Type of Degree or Certificate Received

Professional Education (Name of School)

Completed

Yes No

Location (City, State)

Courses Taken

Type of Degree or Certificate Received

Extracurricular Activities While in School

Member of Professional Organizations

Honors Received, Volunteer, or Community Service or Other Qualifications you have which you feel are related to the position for which you are applying for:

Professional Licenses and/or Certificates

Type	Organization or State Issued	Date Issued	Number	Verification
		<input type="text"/>		
Type	Organization or State Issued	Date Issued	Number	Verification
		<input type="text"/>		
Type	Organization or State Issued	Date Issued	Number	Verification
		<input type="text"/>		

Employment Record (list last or present position first)

Name Address City, State, Zip

Supervisor Phone # Reason for Leaving

May We Contact This Employer If no, please explain why.
YES NO

Position and Duties

Start Date End Date Starting Salary Rate Ending Salary Rate

Name Address City State Zip

Supervisor Phone # Reason for Leaving

May We Contact This Employer If no, please explain why.
YES NO

Position and Duties

Start Date End Date Starting Salary Rate Ending Salary Rate

Name Address City State Zip

Supervisor Phone # Reason for Leaving

May We Contact This Employer If no, please explain why.
YES NO

Position and Duties

Start Date End Date Starting Salary Rate Ending Salary Rate

Name Address City State Zip

Supervisor Phone # Reason for Leaving

May We Contact This Employer If no, please explain why.
YES NO

Position and Duties

Start Date End Date Starting Salary Rate Ending Salary Rate

Name Address City State Zip

Supervisor Phone # Reason for Leaving

May We Contact This Employer If no, please explain why.
YES NO

Position and Duties

Start Date End Date Starting Salary Rate Ending Salary Rate

If your former employment references or education are under a name other than indicated on front of application, please indicate below.

In the past 10 years, have you been convicted of a crime other than a minor traffic offense?
Yes No

If yes, please explain below.
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age, date of conviction, seriousness, nature of the crime, and rehabilitation will be considered)

Use this space to give us further information which will be assist us in placing you.

Personal References (Someone who you have known longer than 1 year.)

Name Phone Number Relationship

Name Phone Number Relationship

Availability Record

Are you available to work:

Weekends		Holidays		Rotating Shifts	
Yes	No	Yes	No	Yes	No

Do you limit your annual earnings due to Social Security or other reasons? If yes, please state what is the maximum amount you wish to earn:
Yes No

If your availability changes, it is your responsibility to fill in an "availability card" indicating the changes. Such changes will be effective, then, for any future employment.

Please indicate what DAYS and HOURS you are available to work. (Be specific.)

Sunday (AM-PM)	Monday (AM-PM)	Tuesday (AM-PM)	Wednesday (AM-PM)
Thursday (AM-PM)	Friday (AM-PM)	Saturday (AM-PM)	

I understand emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change directed by my department head or administrator of this institution.

Signature (Please Type)

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorized Woodbury Wellness Center, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Woodbury Wellness Center, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the employer. However, I further understand that neither the the policies, rules, and regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause.

Signature (Please Type)

Date

Woodbury Wellness Center, Inc.
CONSENT AND RELEASE FORM
Drug Testing

As an applicant desiring employment with Woodbury Wellness Center, Inc., you are required to read and sign this form. Failure to sign will result in your being barred from further consideration for employment with this company.

Woodbury Wellness Center, Inc. is firmly committed to maintaining a drug-free work place and has a responsibility to provide a safe work environment for employees and to prevent injuries to the general public. Therefore, reporting to work under the influence of or working while impaired by alcohol or unprescribed or illegal narcotics or drugs, or using, possessing, selling, buying or transferring unprescribed or illegal narcotics or drugs off company premises is prohibited.

Each applicant for a position with Woodbury Wellness Center, Inc. will be subject to the company substance abuse program. All offers of employment to applicants will be contingent upon the applicant passing a drug test in accordance with Woodbury Wellness Center, Inc. drug testing procedures. An applicant who refuses to submit to pre-employment testing when requested, or refuses to sign the company Consent and Release of Liability for Drug Testing form, will not be employed by Woodbury Wellness Center, Inc. If the applicants test is positive for any prohibited substance not prescribed by a physician, they will not be employed by Woodbury Wellness Center, Inc.

I have read and understand these requirements. I accept the conditions for consideration of employment and, if employed, as a condition of continued employment. I consent to the requirements the drug screen test. The testing agency is authorized by me to provide the results of such tests to Woodbury Wellness, Inc.. I understand that the results of such tests will remain the property of Woodbury Wellness Center, Inc., and will not be used for any unauthorized purpose. I further agree to hold the testing company and/or Woodbury Wellness Center, Inc., its agents, directors, officers and employees harmless from any and all liability in connection with such tests or the direct deposit requirement. I understand that all employment with the company is at-will and that nothing in this consent constitutes a guarantee of or creates a contract of employment.

Signature (Please Type)

Date

Voluntary Applicant Self-Identification Survey

Woodbury Wellness Center, Inc. is a federal government contractor. As a matter of Woodbury Wellness Center policy as well as applicable law, we are required to keep records and perform certain analyses of our applicant pool by race, ethnicity, and gender. Such analyses are only possible if we know the EEO profile of our applicants, so we request that you complete this survey and return it to us promptly.

Although the information that applicants provide **does not at all affect their prospects for employment** and is, in fact, treated very confidentially, it is nevertheless very important to us. For any statistical analyses to be meaningful, we must have information on as many applicants as possible and **it is just as important to collect this information from men and from non-minorities as it is to obtain it from women and minority group member.**

We appreciate that some applicants will find this request intrusive and we regret this. However, please be advised that we are required by the government to keep such records and perform such analyses. You may decline to disclose but your cooperation will allow us to be accurate.

In addition, information on county and state of resident as well as on how you about the vacancy you applied for will assist us in our recruitment efforts. The categories listed below are those use by the US Department of Labor. Although some agencies have expanded these categories to permit multi-racial reporting, the Department of Labor has not yet done so and, we regret, these are the only options we can offer at this time.

Male	White, not Hispanic Origin, includes persons of Middle East ancestry
Female	Black or African American
Decline to Disclose	Hispanic or Latino (regardless of race)
	Asian
	Native Hawaiian or Other Pacific Islanders
	American Indian/Alaskan Native
	Two or More Races
	Decline to Disclose

Name	Zip Code	County & State of Residency
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How did you learn of this vacancy?	If by advertisement, please give name & date of publication.	Position applied for (must be specified)
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Vantage Point

Disclosure and Release Form

As part of the application process for employment at Woodbury Wellness Inc., I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and date of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, names and dates of education, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for Vantage Point Services and/or its agents contacted by Vantage Point Services to obtain this information. In addition, I release and discharge Vantage Point Services, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigation process. I also authorize the full release of the information described above, without any reservation, through any duration of my employment at Woodbury Wellness Inc.. this may include on-going, post-hire review of public records for any possible criminal offense charges. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment. Upon request, Vantage Point Services will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: Vantage Point Services PO Box 1589 Fuquay Varina, NC 27526 or by contacting them at 1-800-792-4339.

<Please Print>

Applicants Name (First, Middle, Last)

Signature

Date (MM/DD/YY)

Date of Birth (MM/DD/YY) (this is used for criminal and driving records retrieval)

Social Security Number

Driver License Number

State

Current Address Street, City, State, Zip

Length of Residency

If you have lived outside of NC in the last 5 years please include the address below (street, city, state, zip)

Vantage Point Services

PO Box 1589 Fuquay Varina, NC 27526

Tel: 1-800-792-4339