

**Wildwood Inn Health Retreat**

(Please Print)

**APPLICATION FOR EMPLOYMENT**

Last Name		First Name		Middle Name		Telephone Work ( )		Home ( )	
Street Address				City			State		Zip
Any Other Name by Which Known		Drivers License Number and State			Are you over 18? [ ] Yes [ ] No		Social Security Number		
Position(s) Preferred 1.			2.			3.			
Can you upon hire, provide Proof of your legal right to work in the United States? [ ] Yes [ ] No				Current Salary:		Expected Salary:		Last Salary Increase Date:	
Type of Employment Desired: [ ] Regular [ ] Temporary [ ] Full Time [ ] Part Time [ ] Swing Shift [ ] Day Shift		Have you ever been previously employed by Wildwood Inn Health Retreat? [ ] Yes [ ] No				Date available for work:			
Name and Location of School		Graduated Yes No	Degree Earned		Date Granted	Course of Study/Major		Grade Point Average	
High School or G.E.D.									
College									
Advanced Degree									
Other Training									
Additional Education, Training Professional Activities or Accomplishments, Skills or Certificates:									
List academic achievements, thesis projects, patents, publications or activities you consider significant. (Attach separate sheet if necessary)									
Have you ever been convicted of a criminal offense? (Omit traffic violations or convictions for which the record has been sealed or expunged by court order or any misdemeanor conviction for which the probation has been completed and the case has been judicially dismissed. [ ] Yes [ ] No									
How were you referred to Wildwood Inn Health Retreat? [ ] Referral by Employee(s)		<input type="checkbox"/> Job Fair _____ <input type="checkbox"/> Newspaper/Journal _____ <input type="checkbox"/> Contract Labor Agency _____ <input type="checkbox"/> State Employment Agency _____ <input type="checkbox"/> Other _____				Do you have any relatives who work for Wildwood Inn Health Retreat? [ ] Yes [ ] No If yes, please indicate the name(s) below:			
Name _____									
[ ] School _____									
Please give us the NAMES, and BUSINESS TELEPHONE NUMBERS of people who are familiar with your WORK EXPERIENCE and TECHNICAL COMPETENCE in the job for which you are applying, preferably technical associates with whom you have worked and give WILDWOOD INN HEALTH RETREAT permission to contact. (DO NOT LIST PERSONAL REFERENCES.)									
Name	Business/Professional Relationship		Company			Title		Business Telephone	
Name	Business/Professional Relationship		Company			Title		Business Telephone	
Name	Business/Professional Relationship		Company			Title		Business Telephone	

**Wildwood Inn Health Retreat**

**AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED – EVEN IF YOU ATTACH YOUR RESUME**

Most Recent Employer		May We Contact? [ ] Yes [ ] No	Telephone (Work)	Supervisor's Name		Date Employed (Mo/Yr) From: _____ To: _____	
Street Address		City		State	Zip	Your Position	
Base Salary Indicate if: [ ] Hourly [ ] Weekly [ ] Monthly Start: _____ Final: _____				Reason for Leaving (Attach separate sheet if needed)			
Describe Major Work Duties (Attach separate sheet if needed)							
_____							
_____							
_____							
Second Most Recent Employer		May We Contact? [ ] Yes [ ] No	Telephone (Work)	Supervisor's Name		Date Employed (Mo/Yr) From: _____ To: _____	
Street Address		City		State	Zip	Your Position	
Base Salary Indicate if: [ ] Hourly [ ] Weekly [ ] Monthly Start: _____ Final: _____				Reason for Leaving (Attach separate sheet if needed)			
Describe Major Work Duties (Attach separate sheet if needed)							
_____							
_____							
_____							
Third Most Recent Employer		May We Contact? [ ] Yes [ ] No	Telephone (Work)	Supervisor's Name		Date Employed (Mo/Yr) From: _____ To: _____	
Street Address		City		State	Zip	Your Position	
Base Salary Indicate if: [ ] Hourly [ ] Weekly [ ] Monthly Start: _____ Final: _____				Reason for Leaving (Attach separate sheet if needed)			
Describe Major Work Duties (Attach separate sheet if needed)							
_____							
_____							
_____							
Fourth Most Recent Employer		May We Contact? [ ] Yes [ ] No	Telephone (Work)	Supervisor's Name		Date Employed (Mo/Yr) From: _____ To: _____	
Street Address		City		State	Zip	Your Position	
Base Salary Indicate if: [ ] Hourly [ ] Weekly [ ] Monthly Start: _____ Final: _____				Reason for Leaving (Attach separate sheet if needed)			
Describe Major Work Duties (Attach separate sheet if needed)							
_____							
_____							
_____							

I certify that all the information provided on this form is true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or omission may be considered justification for refusal of employment or subsequent termination. I understand that employment by Wildwood Inn Health Retreat is conditional upon employment agreement. I further understand that my employment is at the discretion of Wildwood Inn Health Retreat and it has no specific term. It can be terminated at will, with or without notice, at any time, for any or no reason, at the option of either myself or Wildwood Inn Health Retreat.

Please read the above statement and sign here: \_\_\_\_\_ Date of Application: \_\_\_\_\_