



WESLEY COMMONS

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION (Please Print)

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

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Home Phone Cell Phone

Date of Birth (if under age 19 only) \_\_\_\_\_ If hired, can you furnish proof of age? \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_  
Name Address Phone

Do you have a valid motor vehicle operator's license? \_\_\_\_\_ Has it ever been revoked? \_\_\_\_\_  
If so, explain \_\_\_\_\_

Do you have another job or "sideline" business? If so, state type of business or job and hours you work at your own business or other job: \_\_\_\_\_

## EDUCATION AND SERVICE (Name & Location)

High School \_\_\_\_\_ Did you graduate or obtain GED? \_\_\_\_\_

College \_\_\_\_\_ Dates Attended \_\_\_\_\_

Course of Study \_\_\_\_\_ Degree Obtained \_\_\_\_\_

Other skills or special training \_\_\_\_\_

Military Service \_\_\_\_\_  
Branch Rank Date Entered Date Discharged Duties While In Service

Are you a member of Reserve or National Guard? \_\_\_\_\_ Standby or Ready? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Wage Desired \_\_\_\_\_ Date you can start \_\_\_\_\_

How would you get to work? \_\_\_\_\_ Shifts willing to work \_\_\_\_\_

Can you work full-time or part-time? \_\_\_\_\_ If part-time, what days and hours? \_\_\_\_\_

Are you willing to work overtime and Saturdays, if required? \_\_\_\_\_

Name of relatives or friends employed here \_\_\_\_\_

Have you ever applied or been employed by this company? \_\_\_\_\_

## BACKGROUND INFORMATION

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ If now employed, why do you desire to change? \_\_\_\_\_

Have you EVER been discharged or forced to resign from ANY job? If so, explain \_\_\_\_\_

Have you drawn unemployment insurance in the past year? \_\_\_\_\_ If so, date and amount of last benefit check \_\_\_\_\_

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**EMPLOYMENT HISTORY** (List below the last four employers, starting with the most current one first)

Date Month & year	Employer Information (MUST COMPLETE ALL INFORMATION)	Wages	Position	Reason for Leaving
From	Name:	Per Hour		
To	Address:  Phone:	Average Per Week		
From	Name:	Per Hour		
To	Address:  Phone:	Average Per Week		
From	Name:	Per Hour		
To	Address:  Phone:	Average Per Week		
From	Name:	Per Hour		
To	Address:  Phone:	Average Per Week		

**REFERENCES** (Give the name, address and occupation of three persons – not former employers or relatives)

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It is understood and agreed that any misrepresentation by me in this application will be cause for cancellation of this application and/or separation from my job if I have been employed. I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CASE AND WITHOUT PRIOR NOTICE. I understand that no representative of the Employer has the authority to make any assurances to the contrary. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I release from liability the Employer and its representatives for seeking such information, and all persons, corporations, and organizations for furnishing such information. This application is current for 60 days; after that if I have not heard from the Employer and still want to be considered for employment, it will be necessary for me to fill out a new application.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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# Wesley Commons

## **SOUTH CAROLINA LAW ENFORCEMENT DIVISION RECORDS CHECK And CONSENT TO RELEASE CRIMINAL RECORDS CHECK INFORMATION**

The purpose of this form is to provide information and permission for law enforcement to conduct a criminal records check for Wesley Commons applicants for direct care and other positions as required by the Criminal Records Checks on Direct Care Staff and the regulations promulgated by DHEC. This law requires a criminal check to be conducted on all direct patient caregivers for nursing homes.

If a caregiver has been found guilty or has pled no contest (nolo contendere) to child or adult abuse, sexual assault, and assault with a deadly weapon, neglect or mistreatment of residents/patients/clients/ or misappropriation of residents/patients/clients property, Wesley Commons will not hire the individual.

### **ALL SECTIONS MUST BE COMPLETED**

**(PLEASE PRINT LEGIBLY)**

Name: \_\_\_\_\_

AKA and Maiden Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The law requires that a Criminal Background check be conducted through the South Carolina Law Enforcement Division (SLED) for applicants that have been a South Carolina resident for at least the preceding 12 months. If South Carolina residency cannot be proved, then a FBI criminal records check will be required in addition to the SLED check.

To establish residence, please submit the original for photocopy of any of the following:

- \_\_\_\_\_ A drivers license or ID card issued by the state of SC
- \_\_\_\_\_ Rent, mortgage, or utility receipts with the applicant's name
- \_\_\_\_\_ Pay stubs from your employer from a business located in SC
- \_\_\_\_\_ Bank records in the applicants name with an account held in a SC office of a bank

Please list cities/state of residences for the past 7 years:

Approximate Dates: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Approximate Dates: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I understand that the above information will be used to conduct a criminal records check and hereby authorize that all law enforcement agencies including the South Carolina Law Enforcement Division (SLED) and/or the Federal Bureau of investigation (FBI) to release any and all records regarding me to Wesley Commons. I further agree to release SLED and any law enforcement agency from liability for providing information to Wesley Commons in response to this authorization.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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