



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 _____ Has it ever been revoked?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)

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: _____

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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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