



Wesley Health  
Institute

Phone Number:

**APPLICATION FOR EMPLOYMENT  
PRE-EMPLOYMENT QUESTIONNAIRE  
AN EQUAL OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION				
NAME		SOCIAL SECURITY NO.		EMAIL:
PRESENT ADDRESS			APT. NO	CITY ZIP
PERMANENT ADDRESS			APT. NO	CITY ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IN CASE OF EMERGENCY, NOTIFY:		ADDRESS		PHONE

DESIRED EMPLOYMENT				
POSITION		DATE YOU CAN START		SALARY DESIRED
CLASSIFICATION: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA				
LICENSE NUMBER	RENEWAL NUMBER	STATE ISSUED	EXPIRATION DATE	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?	
REASON FOR LEAVING?				
NAME OF LAST SUPERVISOR AT THIS COMPANY?				
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER				

EDUCATION				
SCHOOL	NAME AND LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

GENERAL
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

**FORMER EMPLOYERS****LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOSTE RECENT ONE FIRST.**

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE Click or tap to enter a date.	LEAVING DATE Click or tap to enter a date.	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE Click or tap to enter a date.	LEAVING DATE Click or tap to enter a date.	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE Click or tap to enter a date.	LEAVING DATE Click or tap to enter a date.	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**AVAILABILITY**

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIME							

**REFERENCES** (Include at least one professional reference)

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

**SERVICE RECORD**

<b>BRANCH OF SERVICE</b>	<b>DISCHARGE DATE</b> Click or tap to enter a date.
<b>PRESENT MEMBERSHIP IN NATIONAL GUARD/ RESERVE</b>	<b>DATE OF OBLIGATION ENDS</b>

**SPECIAL QUESTIONS**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

IF YES WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS?

DATE OF LAST PHYSICAL EXAM  
Click or tap to enter a date.DATE OF LAST CHEST X-RAY  
Click or tap to enter a date.DATE OF LAST TB TEST  
Click or tap to enter a date.

CPR CERTIFIED

SOURCE OF TRAINING

WERE YOU EVER SERIOUSLY INJURED?

IF YES, DESCRIBE THE INJURIES

WHAT FOREIGN LANGUAGE DO YOU SPEAK FLUENTLY?

CAN YOU ALSO READ AND WRITE IN THESE LANGUAGES?

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?

IF YES, EXPLAIN.

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

**DATE** Click or tap to enter a date.**SIGNATURE**