

WHITMORE'S YARD CARE

2009 APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION	
Name (First) (Last) ___ Mr. ___ Ms.	Home Telephone Number
Current Address (Street) (City) (State) (Zip Code)	Cellular Phone Number
Are you authorized to work in the U. S.? YES ___ NO ___	Email Address
Are you over the age of 18? YES ___ NO ___	Who referred you to us? Internet _____
Have you been convicted of a felony? YES ___ NO ___ <small>(convictions will not necessarily disqualify an applicant from employment)</small> If yes, please explain. _____ _____	Our Sign _____ Employee _____ N newspaper _____ Other _____
	Social Security Number

EMPLOYMENT DESIRED	
Position Applied For:	Date you can start:
Are you available for full time work? YES NO	Are you available for part time work? YES NO
In addition to your work history, what other experiences, skills, or qualifications would qualify you to work with our company? _____	
Are you available to work Saturday and Sunday? YES ___ NO ___	Starting salary desired?

PROFESSIONAL REFERENCES (not personal): List 3 people not related to you who can comment on your work performance.				
Name	Address	Occupation	Telephone Number	Years Acquainted

EDUCATION			
Name of School	Location City State	Did you graduate?	Degree?

CERTIFICATION AND LICENSES: List any professional licenses or certifications.		
License _____	License Number _____	Expires _____
License _____	License Number _____	Expires _____

EMPLOYMENT	COMPLETE ALL INFORMATION IN FULL
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HISTORY

Are you employed now? YES _____ NO _____

Any gaps in employment must be briefly explained.

(A resume may not be substituted but may be included as a supplement)

Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis.

Company Name		May we contact? YES _____ NO _____
Street Address	Telephone	Specific Duties
Job Title	Supervisor	

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IN CASE OF AN EMERGENCY, PLEASE NOTIFY			
Name:	Relationship:	Telephone:	
Address:	City:	State:	Zip:

PLEASE READ BEFORE SIGNING		
<p>I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both Whitmore's Yare Care, Inc. and I are free to terminate at any time for any reason non- statutorily prohibited reason or for no reason at all, with or without notice.</p> <p>I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.</p> <p>I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.</p>		
_____ Signature of Applicant	_____ Printed Name	_____ Date