



# Application for Employment

The Woodlands Foundation, Inc.  
134 Shenot Road, Wexford, PA 15090

Phone: 724-935-5470  
Fax: 724-935-6511

## How did you find out about the Woodlands?

- Friend   
  Woodlands Website   
  Facebook   
  Twitter   
  Woodlands Email  
 Fair   
  School   
  Woodlands Staff   
  Newspaper   
  Online Job Posting  
 Other \_\_\_\_\_

Name \_\_\_\_\_ Date: \_\_\_\_\_  
 Position Sought \_\_\_\_\_  
 Status Desired   
      Full-time   
      Part-time   
      Summer

## CONTACT INFORMATION

Phone \_\_\_\_\_  
 Email \_\_\_\_\_

## HOME ADDRESS

Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## SCHOOL ADDRESS (If applicable)

Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Have you ever been fired?                       Yes                       No  
 Are you 18 years old or older?                       Yes                       No  
     - If under 18 years of age, can you provide  
     required proof of your eligibility to work?                       Yes                       No  
 Are you currently employed?                       Yes                       No  
     (If yes, list the position first on page two under Work Experience)  
 Have you graduated high school?                       Yes                       No  
 Are you legally employable within the United States?                       Yes                       No  
 Can you travel if a job requires it?                       Yes                       No  
 Have you applied for a job with the Woodlands?                       Yes                       No  
     - If yes, when? \_\_\_\_\_  
 Have you worked at The Woodlands before?                      Yes                      No  
     - If yes, when? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

## In case of emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WORK EXPERIENCE

1. Employer \_\_\_\_\_  
Employer City \_\_\_\_\_ State \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Supervisor Title \_\_\_\_\_  
Supervisor Phone \_\_\_\_\_  
For reference purposes, may we contact this employer?  Yes  No  
Start Date (mo/yr)  End Date (mo/yr)

2. Employer \_\_\_\_\_  
Employer City \_\_\_\_\_ State \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Supervisor Title \_\_\_\_\_  
Supervisor Phone \_\_\_\_\_  
For reference purposes, may we contact this employer?  Yes  No  
Start Date (mo/yr)  End Date (mo/yr)

3. Employer \_\_\_\_\_  
Employer City \_\_\_\_\_ State \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Supervisor Title \_\_\_\_\_  
Supervisor Phone \_\_\_\_\_  
For reference purposes, may we contact this employer?  Yes  No  
Start Date (mo/yr)  End Date (mo/yr)

4. Employer \_\_\_\_\_  
Employer City \_\_\_\_\_ State \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Supervisor Title \_\_\_\_\_  
Supervisor Phone \_\_\_\_\_  
For reference purposes, may we contact this employer?  Yes  No  
Start Date (mo/yr)  End Date (mo/yr)

EDUCATION

College/Technical School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Have you graduated?  Yes  No

- How many courses are you taking now? \_\_\_\_\_

Graduate School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Have you graduated?  Yes  No

- How many courses are you taking now? \_\_\_\_\_

VOLUNTEER HISTORY

Please describe any volunteer experiences (organization, number of hours, tasks)

SPECIAL SKILLS

Are you certified in any of the following?

CPR, expiration date \_\_\_\_\_

AED, expiration date \_\_\_\_\_

First Aid, expiration date \_\_\_\_\_

Other \_\_\_\_\_

Do you speak, read or write any foreign languages/sign language?

Yes  No

- If yes, please list language and ability \_\_\_\_\_

Please list any other job related special skills:

## PROFESSIONAL REFERENCES

1. Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
 Personal       Professional
  
2. Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
 Personal       Professional
  
3. Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
 Personal       Professional

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal and employment history and other related matters as may be helpful in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge at any time. I understand, also, that I am required to abide by all rules and regulations of The Woodlands Foundation, Inc.

I hereby understand and acknowledge that should I be employed by this or a related organization, any employment relationship will be of an "at will" nature, which means that I, the Employee, may resign at any time and The Woodlands Foundation, Inc. may discharge me at any time with or without cause. It is further understood that there will be no contract of employment of any kind, regardless of any written or verbal statement(s) or other conduct, except and unless such obligation(s) is (are) explicitly set out in a written contract, labeled as a "contract" or "agreement", and signed by the Executive Director of The Woodlands Foundation.

I also agree that in the event I am employed by The Woodlands Foundation or a related organization, should I be advanced pay, vacation time, other compensation or benefits beyond what I am entitled to, if I have expense or other money beyond what I reasonably spent on behalf of Employer, if I have not returned Employer property (or other property entrusted to me), or if I am otherwise indebted to Employer, this money may be deducted from any final paycheck I receive upon conclusion of my employment; or, during my continued employment for debts other than vacation advances, limited payroll deductions of up to twenty percent of the net pay in successive paychecks may be made following my failure to otherwise repay Employer within forty-five days of written notice to me of this debt.

This application for employment shall be considered active for a time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time should later inquire as to whether or not applications are then being accepted.

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Signature

Date