

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)	<input type="text"/>	End Date (mo/yr)	<input type="text"/>
Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>

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)	<input type="text"/>	End Date (mo/yr)	<input type="text"/>
Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>

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)	<input type="text"/>	End Date (mo/yr)	<input type="text"/>
Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>

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)	<input type="text"/>	End Date (mo/yr)	<input type="text"/>
Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>

EDUCATION

College/Technical School Name _____

City _____ State _____

Major _____ Minor _____

Have you graduated? Yes No

- If no, please list expected graduation date _____

- How many courses are you taking now? _____

Graduate School Name _____

City _____ State _____

Major _____ Minor _____

Have you graduated? Yes No

- If no, please list expected graduation date _____

- 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.

Signature

Date