

# WELL HOUSE

PLEASE FILL OUT ALL PAGES OF THE APPLICATION COMPLETELY

TODAY'S DATE	PHONE NUMBER ( )	ALTERNATE PHONE NUMBER ( )	EMAIL ADDRESS:	
LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE/STATE I.D. NUMBER		STATE OF ISSUANCE	

ARE YOU:  14-15  16-17  18 OR OLDER      NOTE: If under 18, proof of age must be provided

TYPE OF WORK PREFERRED:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

DO YOU WANT FULL-TIME?      WILL YOU ACCEPT PART-TIME?      NUMBER OF HOURS DESIRED?  
 YES  NO       YES  NO      PER WEEK: \_\_\_\_\_

REFERENCES: PLEASE LIST THREE UNRELATED PEOPLE WHO KNOW YOU, INCLUDE PHONE NUMBER AND ADDRESS:

1: \_\_\_\_\_  
 2: \_\_\_\_\_  
 3: \_\_\_\_\_

### EDUCATION/COURSE OF STUDY

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Technical, Business, or Other		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

### FOR INTERVIEWER'S USE ONLY

DATE INTERVIEWED	INTERVIEWER	POSITION APPLIED FOR <input type="checkbox"/> FT <input type="checkbox"/> PT	DATE AVAILABLE TO START					
<b>APPLICANT TIME AVAILABILITY</b>	<b>DAY</b>	<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
	FROM							
	TO							

GENERAL APPLICANT INFORMATION:

**EMPLOYMENT HISTORY**

LIST BELOW PAST AND PRESENT EMPLOYMENT BEGINNING WITH YOUR MOST RECENT.

COMPANY	DATES OF EMPLOYMENT	PAYRATE	POSITION HELD JOB TITLE	REASON FOR LEAVING
ADDRESS, CITY, STATE	FROM: / /	To Start: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
IMMEDIATE SUPERVISOR	TO: / /	Upon Leaving: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR		
SUPERVISOR TITLE			JOB RESPONSIBILITIES	
WORK TELEPHONE ( )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPANY	DATES OF EMPLOYMENT	PAYRATE	POSITION HELD JOB TITLE	
ADDRESS, CITY, STATE	FROM: / /	To Start: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
IMMEDIATE SUPERVISOR	TO: / /	Upon Leaving: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR		
SUPERVISOR TITLE			JOB RESPONSIBILITIES	
WORK TELEPHONE ( )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPANY	DATES OF EMPLOYMENT	PAYRATE	POSITION HELD JOB TITLE	
ADDRESS, CITY, STATE	FROM: / /	To Start: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
IMMEDIATE SUPERVISOR	TO: / /	Upon Leaving: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR		
SUPERVISOR TITLE			JOB RESPONSIBILITIES	
WORK TELEPHONE ( )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please list any skills, abilities, hobbies, training, etc. which you feel may be an asset. (Example, business machines, desktop publishing, clerical, writing, editing, analyzing, organizing group activities/events, childcare, tutoring, volunteer work, additional languages, gardening, nutrition/meal planning and preparation, arts and crafts):

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

I acknowledge that the facts set forth on this application are true and complete. I understand any false statement or omission on this application or any attachment shall be sufficient cause for dismissal.

I authorize Well House to use its personnel to investigate my employment record, education, criminal conviction record and financial record. I also authorize all my employers and former employers, references, educational institutions and any other person(s) contacted by Well House representatives to provide Well House with all records and information relevant to my position here. I release all parties who provide such records or information from all liabilities arising from such disclosures/and I waive any rights to notice of such disclosures.

I authorize Well House to copy this document and agree that such copies with my signature shall have the same legal force and effect as the original document with my signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

WELL HOUSE WISHES TO EXPRESS IT'S APPRECIATION TO YOU FOR YOUR CONSIDERATION

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Describe why you would like to volunteer at Well House:

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2. What do you hope to gain by volunteering:

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3. Describe what you can offer Well House by volunteering:

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