

**WOODLAND CENTERS  
EMPLOYMENT APPLICATION**

Please Type or Print Clearly

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Title of Job applying for: \_\_\_\_\_

(For current Woodland Center employees-name of department where you work: \_\_\_\_\_)

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

Woodland Centers considers all applicants without regard to race, color, creed, religion, national origin, sex, disability, age, marital status, status with regard to public assistance or sexual orientation or any other legally protected status.

The information requested below will be used to evaluate our efforts to reach all segments of the population and in reviewing our selection and placement efforts. The information is VOLUNTARY and PRIVATE. It is detached and retained separately from your work history. It is not referred to Unit Directors or Supervisors. If we request additional information related to your disability, it will be maintained as SEPARATE and PRIVATE medical records. We appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity. Any false statement may be punishable by law.

PLEASE CHECK THE APPROPRIATE SPACE:

Gender: Male  Female

WITH WHICH RACIAL/ETHNIC GROUP DO YOU IDENTIFY? Check all that apply.

American Indian or Alaska native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other

DISABILITY STATUS, DEFINED AS: a physical or mental impairment that substantially limits one or more of the major life activities; has a record or such impairment; is regarded as having such an impairment.

DO YOU CLAIM DISABILITY STATUS? Yes:  No:

DO YOU NEED SPECIAL TESTING ACCOMMODATIONS? Yes:  No:

(Please be advised that at present, testing is only done with applicants for support positions such as transcriptionist, secretary, medical records clerk, and receptionist. Therefore, do not respond to this question if you are not applying for one of these noted positions.)

Please specify type of accommodation needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**YOUR RIGHTS AS A SUBJECT OF DATA**

The information you are asked to provide in this employment application is generally private. You are not required to answer the questions asked but obviously Woodland Centers cannot consider you for employment unless you provide it with some information. Furnishing social security number, gender, racial/ethnic data, disability status, and test accommodation information is voluntary. Refusal to supply other requested information may mean that your application will not be considered.

Title of Job Applying for: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Social Security Number (voluntary): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Best time to contact you at: Home \_\_\_\_\_ Work \_\_\_\_\_

Are you currently employed? Yes: \_\_\_\_\_ / No: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes: \_\_\_\_\_ / No: \_\_\_\_\_ (Proof of citizenship or immigration status will be required upon employment).

If you are a minor (under 18 years of age), can you provide the required proof of your eligibility to work (birth certificate, driver's license, federal age certificate)? Yes: \_\_\_\_\_ / No: \_\_\_\_\_

Date available for work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What is your minimum salary requirement? \_\_\_\_\_

Are you available to work:

Full-Time: Yes \_\_\_\_\_ No \_\_\_\_\_

Part-Time: Yes \_\_\_\_\_ No \_\_\_\_\_

Temporary: (Please indicate dates) \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes: \_\_\_\_\_ / No: \_\_\_\_\_

Can you travel if the job requires it? Yes: \_\_\_\_\_ / No: \_\_\_\_\_

Education:

Name and Address of Institution	Course of Study	# Yrs	Diploma/Degree
Undergraduate:			
_____	_____	_____	_____
Graduate:			
_____	_____	_____	_____
Other (Specify):			
_____	_____	_____	_____

Work Related Licensure (Check appropriate one):

LICSW: \_\_\_\_\_

LMFT: \_\_\_\_\_

LP: \_\_\_\_\_

LPN: \_\_\_\_\_

MD: \_\_\_\_\_

NONE: \_\_\_\_\_

RN: \_\_\_\_\_

**Work Experience:**

*(Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.)*

Employer	Dates	Salary	Work Performed	Reason for Leaving
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____

**Work References**

	NAME	PHONE #	BEST TIME TO CALL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Licensed Professionals:**

Have you ever been reprimanded, censured, or otherwise disciplined by, or have you ever been subject to a corrective action agreement/plan with any licensing board, peer review organization, third party payer, clinic, hospital, medical staff, or any health-related agency or organization?

Yes: \_\_\_ / No: \_\_\_

If yes, explain (use additional sheets if necessary):

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Applicant Certification:**

This application will be considered active during the time period recruitment takes place for the specified position for which it was submitted or a period not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I understand that any employment relationship with Woodland Centers is of an "at will" nature, which means that Woodland Centers retains the right to terminate its employees at any time for any reason not prohibited by law; that an employee has the right to resign employment at any time for any reason (subject to Woodland Centers' notice request defined within the Human Resources Policy Manual) and that these mutual rights constitute Woodland Centers' at-will policy. I understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of Woodland Centers or his designee. I understand further that the Human Resources Policy manual does not constitute an employment contract and may be changed or eliminated at Woodland Centers' discretion.

I understand that if the position I am applying for is within a program licensed by the State of Minnesota, I will be subject to a background investigation upon employment and that my continued employment is subject to the outcome of this investigation. If the position applied for (or any subsequent future position) involves driving, I authorize Woodland Centers to check my driving record (MVR) now, and at future intervals as may be deemed appropriate by Woodland Centers, and understand that a record of motor vehicle violations, including alcohol related offenses, may make me ineligible for consideration or continued employment in a driving related position.

I certify that the answers given in this application for employment are true and complete. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I specifically authorize Woodland Centers to make an investigation of my past employment and educational background. I hereby release all persons, past and present employers, and educational institutions from any liability to me if they supply information to Woodland Centers as a part of this investigation.

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Applicant