



Thank you for your interest in joining the team at Wesleyan Homes, Inc., d/b/a The Wesleyan.

We believe that every individual makes a difference, and we are excited about the possibility of welcoming someone like you to our community. Your application is a crucial step towards becoming a part of a team where your contributions truly matter.

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Please complete the attached application and authorization for release of information forms. Ensure that all information is printed clearly and that each section is fully completed and signed. Use "N/A" for any sections that do not apply to you.

***Incomplete applications will not be considered.***

**Please note the following:**

- Your application will remain in our active files for a period of six months. Should an appropriate opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for a position, an interview will be arranged.
- It is the policy of The Wesleyan to employ qualified applicants without regard to race, color, religion, national origin, sex, age, disability or medical condition. Completion of the EEO Data Sheet is important and the information received is for record keeping purposes only.
- The Wesleyan completes background checks on all new hires and again annually for all teammates without regard to position held. Additionally, and based on the nature of the business we do, state law requires that we check the Employee Misconduct Registry maintained by the Texas Department of Aging and Disability Services. We cannot employ persons listed on this registry.
- The Wesleyan complies with federal and state disability laws and makes reasonable accommodations for applicants and employees with disabilities. If reasonable accommodation is needed to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment, please contact Human Resources by email at [recruiting@wesleyanhomes.org](mailto:recruiting@wesleyanhomes.org).



**Wesleyan Homes, Inc.***A Senior Living and Healthcare Non-Profit Organization***Wesleyan Independent Living** | 210 White Heron Drive, Georgetown, TX 78628 | 512.863.2528**Wesleyan Assisted Living** | 109 Estrella Crossing, Georgetown, TX 78628 | 512.863.2528**PERSONAL INFORMATION***Incomplete information could disqualify you from further consideration.**Please complete all fields.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other names used (i.e. maiden name): \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

**Please select the community program you prefer to work within:** Independent Living     Assisted Living

Are you authorized to work in the U.S.?

 Yes     No

Are you at least 18 years or older?

*(If no, you may be required to provide authorization to work)* Yes     No**REFERRAL SOURCE**

How did you hear about us?

 Walk-In     Advertisement     Social Media     Referral Other: \_\_\_\_\_*If referred by a current employee, please give name:* \_\_\_\_\_

Have you worked at The Wesleyan previously?

 Yes     No    Dates: \_\_\_\_\_

**EDUCATION**

Name and location of school	Circle year completed	Did you graduate?
High school: _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College: _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, business or vocational: _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subject studied and degree received: \_\_\_\_\_

U.S. Veteran?  Yes  No Dates of service: \_\_\_\_\_

Nature of duty or training: \_\_\_\_\_

Other job-related skills: \_\_\_\_\_

Professional license and/or certifications (include #): \_\_\_\_\_

	Position	Shift	Desired pay rate
1st choice	_____	_____	_____
2nd choice	_____	_____	_____
3rd choice	_____	_____	_____

Date available to begin work: \_\_\_\_\_  Full time  Part time

Are you willing and available to work?

Weekends?  Yes  No

Holidays?  Yes  No

Rotating shifts?  Yes  No

Indicate shift preference:  Day  Evening  Night

What are your reasons or goals for seeking the position(s) you have indicated?

\_\_\_\_\_

Would you be willing to work on an "as needed, on call" basis before being considered for a full-time position?  Yes  No

Can you meet the regular attendance requirements?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

**EMPLOYMENT RECORD**

Are you currently employed?  Yes  No

We routinely contact an applicant's current employer for verification of employment. Would this pose any particular difficulty for you?  Yes  No

If yes, please explain: \_\_\_\_\_

**LIST PREVIOUS EMPLOYMENT INFORMATION**

**Current or last employer**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Next Previous Employer**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Next Previous Employer**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Next Previous Employer**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Next Previous Employer**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Next Previous Employer:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Please explain all periods of unemployment: \_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated from employment?  Yes  No

If so, please explain: \_\_\_\_\_

Use this space to give us other information about your personal qualities, work style, interpersonal skills, or communication skills that would assist us in placing you:

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

- 1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_
  
- 3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_
  
- 4. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

I certify that all information given on this application is true, correct and complete. I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment, or dismissal if employed. I authorize any inquiry to be made on any information contained in this application.

If employed by Wesleyan Homes, Inc., I agree to abide by its rules and regulations. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my supervisor or the program administrator.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if employed, such employment is at will, for an indefinite period, and subject to change in wages, conditions, benefits and operating policies.

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

