



# 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.

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.



## 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 Wesleyan Skilled Nursing & Rehabilitation | 4011 Williams Dr. Georgetown, TX 78628 | 512.868.2700

### PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name:	Date:		
Other names used (i.e. maiden na	nme):		
Address:			
E-mail address:			
Home phone:	Mobile phone:		
Position for which you are applying	g:		
Please select the community prog	gram you prefer to work within:		
☐ Independent Living ☐ Assist	red Living   Skilled Nursing and Rehab		
Are you authorized to work in the I $\square$ Yes $\square$ No	U.S.Ş		
Are you at least 18 years or older? (If no, you may be required to pro  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:			

Employment Application – 08.2024

## **EDUCATION**

Name and location of school	Circle year completed	Did you graduate?
High school:	1 2 3 4	☐ Yes ☐ No
College:	1 2 3 4	☐ Yes ☐ No
Trade, business or vocational:	1 2 3 4	☐ Yes ☐ 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	Desire	d pay rate
1st choice		
2nd choice		
3rd choice		
Date available to begin work: $\Box$ Full tir	me 🗌 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 indic	cated?	
Would you be willing to work on an "as needed, on call" basis before being considered for a full-time position? $\Box$ Yes $\Box$ No		
Can you meet the regular attendance requirements? $\Box$ Yes $\Box$ No		
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? $\Box$	Yes □ No	

Employment Application – 08.2024 Page 3

## **EMPLOYMENT RECORD** Are you currently employed? $\square$ Yes $\square$ 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: \_\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_\_ Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ **Next Previous Employer** Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_\_ Supervisor: \_\_\_\_\_

Employment Application – 08.2024

Reason for leaving:

## **Next Previous Employer** Name: Phone: City: \_\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_\_Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ **Next Previous Employer** Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_\_ Supervisor: \_\_\_\_\_ Reason for leaving: **Next Previous Employer:** Name: Phone: City: \_\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_\_ Supervisor: \_\_\_\_\_ Duties: Reason for leaving: \_\_\_\_\_ Please explain all periods of unemployment: Have you ever been terminated from employment? $\square$ Yes $\square$ 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:

Employment Application – 08.2024 Page 5

## **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:			
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.				
Sig	nature:	Date:		

Employment Application – 08.2024

