



# Bill Wilson Center

## Employment Application

An Equal Opportunity Employer

### Please Print

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle

### Present Address

\_\_\_\_\_  
No. & Street                      City                      State                      Zip - \_\_\_\_\_

### Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street                      City                      State                      Zip - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Business Phone                      Home Phone

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?.....  Yes  No

Regular part-time work?.....  Yes  No

Temporary work, e.g., summer or holiday work? ?.....  Yes  No

What days and hours are you available?

for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends?.....  Yes  No

Would you be available to work overtime, if necessary?.....  Yes  No

If hired, on what date can you start work?..... \_\_\_\_\_

Salary desired: \_\_\_\_\_



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**Education, Training, and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
High School	_____ Name  _____ Address  _____ City                      State      Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name  _____ Address  _____ City                      State      Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name  _____ Address  _____ City                      State      Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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Many of our clients do not speak English. Do you speak, write or understand any foreign languages?  
 Yes     No

If yes, which languages(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills, which you feel make you especially suited for work at Bill Wilson Center.....  Yes     No

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?.....  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing State: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended?.....  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

**List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.**

\_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Position and Duties

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

May we contact this employer for a reference?.....  Yes  No

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**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize Bill Wilson center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand and agree that I may be required to take a physical examination, TB screen, under go a criminal record, child abuse index and fingerprint check as a condition of hiring and continued employment. I agree to consent to such test(s) and check(s) at such time as determined by the agency and to release the agency, its directors, officers, agents and employees from any claim arising in connection with the use of such test(s)/(checks).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature