

APPLICATION FOR EMPLOYMENT



Arden Wood, Inc.
 Personnel Office
 445 Wawona Street, San Francisco, CA 94116
 (415) 379-2105 Information
 (415) 379-2101 Fax

PERSONAL INFORMATION

Last Name		First	Middle	Date
Street Address				Home Phone
City	State	Zip		Business Phone
Were you previously employed by us or served as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No				Email
If yes, When?		Position/Activity		
If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do you have any significant personal relationship (eg. Relative, spouse, domestic partner, significant other) with any person presently or formerly employed at Arden Wood? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Name			Relationship	

EMPLOYMENT INTERESTS

Position(s) applied for		
Days and hours available for work	Date available to start	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Special training or skills		

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT (Start with current or most recent employer)

1	Position Title	Employed (month and year) From _____ To _____
	Company Name	Name and Title of Supervisor
	Address	Supervisor's Phone
	Job Duties	Supervisor's Email
	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.

2	Position Title	Employed (month and year) From _____ To _____
	Company Name	Name and Title of Supervisor
	Address	Supervisor's Phone
	Job Duties	Supervisor's Email
	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.

3	Position Title	Employed (month and year) From _____ To _____
	Company Name	Name and Title of Supervisor
	Address	Supervisor's Phone
	Job Duties	Supervisor's Email
	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.

4	Position Title	Employed (month and year) From _____ To _____
	Company Name	Name and Title of Supervisor
	Address	Supervisor's Phone
	Job Duties	Supervisor's Email
	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.

CHARACTER REFERENCES

Please do not list a relative or an employer. If you are a Christian Scientist, the references should both be Christian Scientists. **Christian Science nursing applicant references should be a Practitioner and a Branch Church member.**

1	Name	Home Phone Email
	Address	Business Phone

2	Name	Home Phone Email
	Address	Business Phone

IF YOU ARE A STUDENT OF CHRISTIAN SCIENCE, please complete this section.

Are you a member of The Mother Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a branch church member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Year Joined	Name of Church
Are you a daily student of the Bible Lesson-Sermon? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you studied Christian Science?
Do you depend radically on Christian Science for healing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had Primary Class Instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of teacher Date
Do you fully and freely comply with not using	◆ Liquor? <input type="checkbox"/> Yes <input type="checkbox"/> No ◆ Tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No
	◆ Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No ◆ Medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGMENT

The information provided in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

I authorize any person, school, current employer, past employers, and organizations named in this application form (except as expressly noted) to provide Arden Wood with relevant information and opinion that may be useful in making a hiring decision.

Arden Wood is an Equal Employment Opportunity Employer. However, based on our nonprofit religious organization status, we may apply the test of religious qualification for specific positions. All employment with Arden Wood is at-will.

Should I be employed by Arden Wood, I agree to support its mission: *to support healing through skillful Christian nursing care and training, inspired living, and Christly service.*

Signature _____ Date _____