

GREENWOOD CONNECTIONS

Employment Application

APPLICANT INFORMATION

Last Name		First		MI		Date					
Street Address						Apt. #					
City		State		ZIP							
Home Phone		Cell Phone		E-mail							
Date Available		County		Salary Desired \$							
Position Applied for				Are you 16 or older?		YES ☐		NO ☐			
Are you a citizen of the United States?		YES ☐		NO ☐		If no, are you authorized to work in the U.S.?		YES ☐		NO ☐	
Have you ever worked for this company?		YES ☐		NO ☐		If yes, when?					
Are you willing to take a Job Placement Assessment upon a conditional offer of employment?						YES ☐		NO ☐			
Relatives or friends employed at this facility?		YES ☐		NO ☐		Department:					
Are you applying for?		Full Time ☐		Part Time ☐				Call-in ☐			
Shift Preference?		Days ☐		Evenings ☐		Nights ☐					

EDUCATION

High School		Address					
Did you graduate?		YES ☐		NO ☐		Degree	
College		Address					
Did you graduate?		YES ☐		NO ☐		Degree	
Other		Address					
Did you graduate?		YES ☐		NO ☐		Degree	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently:		REGISTERED ☐		LICENSED ☐		CERTIFIED ☐	
Eligible for:		REGISTRATION ☐		LICENSURE ☐		CERTIFICATION ☐	
IF LICENSED, REGISTERED OR CERTIFIED:							
Type		State Issued		Date		No. #	
Type		State Issued		Date		No. #	

GREENWOOD CONNECTIONS IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER



REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference?		YES ☐	NO ☐

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference?		YES ☐	NO ☐

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference?		YES ☐	NO ☐

OFFICE USE ONLY: REFERENCES CHECKED (circle) YES NO BY WHOM: DATE:

COMMENTS:



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MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I hereby authorize all past employers and educational institutions, their employees, representatives, and agents to release information to Greenwood Connections (GWC) for use in determining my qualifications for employment. In addition to authorizing the release of information, I hereby fully waive any rights to claims I have or may have against GWC, all past employers and educational institutions, and their employees, representatives, and agents from any and all liability claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

If hired, I understand that employment with GWC is "at-will" and either GWC or I may terminate employment at any time, with or without notice.

Applicant's Signature	Date
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VERIFICATION OF EMPLOYMENT ELIGIBILITY

As mandated by the Immigration Reform Control Act of 1986, all candidates offered employment after November 6, 1986 must provide written proof that establishes identity and eligibility to work in the United States. This is accomplished by completing the Employment Eligibility Verification Form (I-9) and producing acceptable documents including but not limited to United States Passport, State-Issued Driver's License, Social Security Card, Birth Certificate, other acceptable documents that establish identity and eligibility to work in the U.S.

APPLICANTS WITH DISABILITIES

If you have an impairment or disability which could hinder your ability to perform in the selection process, it is your responsibility to contact the Human Resource Department. The Human Resource Department will make reasonable efforts in the examination process to accommodate disabilities. If you have special needs on account of a disability, please call 218-564-4101

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GREENWOOD CONNECTIONS AFFIRMATIVE ACTION QUESTIONNAIRE

Greenwood Connections is asking all applicants for employment to complete this form in order to comply with United States Government's equal opportunity requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. The information which you provide will be kept confidential.

Greenwood Connections is an Equal Opportunity/Affirmative Action Employer. If you think that you have been treated unfairly or discriminated against because of race, color, national origin, religion, gender, age, disability, or sexual orientation, please call 218-564-4101.

NAME: _____

POSITION APPLIED FOR: _____

DATE: _____

The following information is voluntary

DATE OF BIRTH: _____

MALE ☐ FEMALE ☐

RACIAL ORIGIN: (Check all that apply)

ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ AMERICAN INDIAN ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER ☐
WHITE ☐ UNKNOWN ☐

ETHNIC ORIGIN: HISPANIC OR LATINO? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) YES ☐ NO ☐