

**Woodley House Inc.,
3000 Connecticut Ave,
NW, Washington, DC
20008**

EMPLOYMENT APPLICATION

We are an equal opportunity employer. We are committed to providing equal employment opportunities for training, compensation, transfer, promotion and other aspects of employment for all qualified employees and applicants. It is the policy of WHI, in accordance with applicable law, not to discriminate on the basis race, color, religion, national origin, sex, gender identity or expression, sexual orientation, age, marital status, personal appearance, family responsibilities, genetic information, disability, matriculation, political affiliation, veteran status, or liability for service in the Armed forces of the United States.

Applicant Data

Last Name	First Name	Middle Initial	Date of Application
Home Address	City	State	Zip Code
Home Phone	Cellular Phone	Social Security Number	
Email Address	Position (s) Sought	Date Available to begin work	Desired Wage/Salary \$

Are you legally eligible to be employed in the United States?
(Proof of identity and eligibility and completion of the I-9 Forms will be required upon employment)
 Yes No

Are you over the age of 18 years? Yes No
(If no, you may be required to provide authorization to work.)

Do you have a valid driver's license?
 Yes No N/A · position does not require.
If applicable include Driver's License # Expiration Date:

Have you ever been involuntarily terminated or asked to resign from any position of employment?
 Yes No · If yes, please explain:

Referral Source: How did you learn of the position?

Do you have any relatives or friends who work for WHI? Yes No If yes, who and where do they work?

Have you ever worked for WHI before? Yes No
If yes, where? _____
When? (Give dates) _____ Job Title: _____

Employment History

List most recent employer first · Provide 7 years of employment history. Do not state refer to resume
Provide all requested information · Attach an additional sheet if necessary

Employer	Location	Phone	Dates Employed
Job Title	Supervisors Name		

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Employers' website address	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Duties Performed

Employer	Location	Phone	Dates Employed
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Job Title	Supervisors Name
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Employers' website address	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Duties Performed

Employer	Location	Phone	Dates Employed
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Job Title	Supervisors Name
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Employers' website address	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Duties Performed

Professional References (Please include supervisors and professional references only, no relatives)

Name/Organization	Title	Phone Number	Email Address

Educational Background

List most recent attendance first

School Name	Location	Major	Did you 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

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Certifications & Licenses (i.e. CPR certification, HVAC, LGSW)

Type: Expiration Date:

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Is there any other job-related information you want us to know about you? Please explain.
List job related skills and relative qualifications.

Legal Acknowledgment and Authorization

I certify that answers given herein are true, accurate and complete. I understand that the falsification, misrepresentation, or omission of fact on this application will be cause for denial of employment or the immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

WHI is an Equal Opportunity Employer does not illegally discriminate in employment. No question on this application is used for limiting or excusing any applicant's consideration for employment on a basis prohibited by local, district, state or federal law.

I understand that if I am employed by WHI, I am free to resign at any time. WHI reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of WHI has the authority to make any assurances to the contrary.

I understand that I will be required to undergo a criminal background check and/or drug screening, FBI check at the post job offer phase of the hiring process. I agree and attest that I will complete all forms accurately, thoroughly, and timely to avoid hiring delays or employment consideration. Likewise, should I fail to comply with this requirement by not completing the applicable authorization forms it could result in a delay or prevent WHI from considering me for employment.

Signature of Applicant

Date