

EMPLOYMENT

Please give an accurate and complete full-time employment history. Account for periods of unemployment. Start with your present or most recent employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1	Company Name	Telephone ()	
	Address	Employed - (State month and year) From To	
	Name of Supervisor	Rate of Pay	Job Title
	Describe Your Work	Reason for Leaving	

2	Company Name	Telephone ()	
	Address	Employed - (State month and year) From To	
	Name of Supervisor	Rate of Pay	Job Title
	Describe Your Work	Reason for Leaving	

3	Company Name	Telephone ()	
	Address	Employed - (State month and year) From To	
	Name of Supervisor	Rate of Pay	Job Title
	Describe Your Work	Reason for Leaving	

4	Company Name	Telephone ()	
	Address	Employed - (State month and year) From To	
	Name of Supervisor	Rate of Pay	Job Title
	Describe Your Work	Reason for Leaving	

5	Company Name	Telephone ()	
	Address	Employed - (State month and year) From To	
	Name of Supervisor	Rate of Pay	Job Title
	Describe Your Work	Reason for Leaving	

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "Yes" complete the following information.	
Dates of Service	FROM TO	Branch of Service	Type of Discharge
		Are you a Vietnam Era Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a member of the Reserve or National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/>		List Service Schools	
Describe any training received relevant to the position for which you are applying.			

LICENSE AND SPECIAL SKILLS

State/Number of Current Professional or Occupational License (s)		Expiration Date (s)	
_____		_____	
_____		_____	
Do you Type? (WPM)	PC Systems/Software with which you are experienced		
List other office equipment you operate:			
List other job-related skills you have, including medical procedures you are qualified to perform.			

OTHER REQUIRED INFORMATION

Have you ever worked for Glenwood, Inc. before? If "Yes", When?	Yes <input type="checkbox"/> No <input type="checkbox"/> Department	Are you a Relative of Anyone working for Glenwood, Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever pled guilty or been convicted of any crime(s) - (felony or misdemeanor including DUI)? (Conviction will not necessarily disqualify an applicant from employment) If yes, please give details including type, charge, location, and date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", please list name(s) _____ _____

APPLICANT ACKNOWLEDGEMENT (Read Carefully)

I certify that all of the information given by me, on this application, or in supplemental form, is true and correct, to the best of my knowledge. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

It is agreed and understood that this application for employment in no way obligates Glenwood, Inc. to employ me and that any offer of employment is subject to the terms and conditions stated on this application form. I agree and understand that any employment at Glenwood, Inc. is at will and of no definite duration, which means that either Glenwood, Inc. or I may terminate my employment at any time without notice or cause. No one other than the President/CEO has the authority to enter into an employment contract or agreement and the President/CEO may only enter into such agreement if it is in writing, designated as an employment agreement, and signed by the President/CEO. It is agreed and understood by me that participation in any of the benefit programs of Glenwood, Inc. does not create a contract and cannot create contracts of employment for any definite duration.

I understand that if I receive an offer of employment, that offer may be conditionally based upon company inquiries regarding my medical history. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION AS TO PRE-EXISTING PHYSICAL OR MENTAL CONDITIONS MAY VOID MY WORKER'S COMPENSATION BENEFITS.

Signature: _____

Date: _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize the Security Division or Personnel Office of Glenwood, Inc., bearing this release or copy thereof, within one year of this date, to obtain any information in your files pertaining to my previous employment, educational records, licenses, certificates, or background/security records. I hereby authorize you to release such records or information upon request of the bearer of the release document. The information you supply will be used principally as a basis for an investigation to determine my qualifications for employment. I hereby release you as the custodian of such records from any and all liability damages which may result to me, my heirs, and family, because of compliance with this authorization and request to release information, or any attempt to comply with it.

FULL NAME: _____
(No initials) (Signature)

FULL NAME: _____
(No initials) (Typed or Printed Name)

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

WITNESS: _____

TITLE: _____

DATE: _____

GLENWOOD, INC.

Name _____ Today's Date _____

Phone Number _____ Last 4 Digits of Social Security # _____

VOLUNTARY DATA RECORD

During employment, employees are treated without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply. The purpose for the Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. We retain all Data Records in a confidential file.

SUBMISSION OF THE FOLLOWING INFORMATION IS VOLUNTARY

This sheet will be detached from your application and will be used only for data collection as required by the Office of Federal Contract Compliance Programs.

Please check one of the following Equal Employment Opportunity identification groups:

- Hispanic or Latino
- Black
- White (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native

Please check one of the following:

- Male
- Female

Please check one of the following:

- Non Veteran
- Armed Forces Service Medal Recipient
- Recently Separated Veteran
- Other Veteran