



**Wood Lane Residential Services, Inc.**  
545 Pearl Street \* Bowling Green, OH 43402 \* 419-353-9577

## APPLICATION REQUIREMENTS

Application packet must be completed in its entirety. Incomplete application will **not** be accepted. **Mailed or faxed application will not be accepted.** The following documents and information must be submitted at the time you turn in your application:

- **APPLICATION FOR EMPLOYMENT**
- **AFFIDAVIT** (must be notarized; we can notarize when you turn in application, please bring photo id)
- **DISCLOSURE AND RELEASE** (signature must be witnessed)
- **DISCLAIMER OF NEPOTISM/CONFLICT OF INTEREST**
- **APPLICANT INFORMATION SHEET** (complete only if applying for Residential Assistant position)
- **REFERENCE / REFERENCE RELEASE** (you must have either the attached Reference Forms completed or provide a letter of reference from your current/previous employers listed on the Application for Employment)
- **COPY OF HIGH SCHOOL DIPLOMA, GED, OR OFFICIAL COLLEGE TRANSCRIPTS** (posting identifies requirement)

WOOD LANE RESIDENTIAL SERVICES, INC.

**APPLICATION FOR EMPLOYMENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT / POSITION INFORMATION**

Position(s) applying for:

Facility: \_\_\_\_\_ Position #: \_\_\_\_\_ Biweekly Hours: \_\_\_\_\_

Facility: \_\_\_\_\_ Position #: \_\_\_\_\_ Biweekly Hours: \_\_\_\_\_

Facility: \_\_\_\_\_ Position #: \_\_\_\_\_ Biweekly Hours: \_\_\_\_\_

All positions other than those designated nondrive will require some driving (i.e., take consumers shopping, to work, etc); please check the one for which you meet the specified requirements:

- Driving Position** – If applying for driving position the following criteria (set by our insurance carrier) must be met:
  - At least 21 years of age
  - 21-24 years of age – have a clean Motor Vehicle Report and have a valid license in effect for at least 3 years
  - 25+ years of age – must meet this criteria: have valid license in effect for at least 3 years AND maximum of 1 minor moving violation in last 3 years in combination with 1 at fault accident OR maximum of 2 minor moving violations in last 3 years with no at fault accidents OR maximum of 2 at fault accidents in last 3 years with no moving violations; no speeding over 80 miles per hour
- Non-Driving Position** – Absolutely no driving

The following information will be used if it is directly related to the position for which you are applying:	YES	NO
1. If position requires travel can you supply your own transportation?	_____	_____
2. Are you currently certified in First Aid?	_____	_____
3. Are you currently certified in CPR?	_____	_____
4. Do you hold a current State Medication Administration Certificate?	_____	_____
5. Have you ever been convicted of a felony?	_____	_____

If you answered YES to question 5, please explain in full: \_\_\_\_\_

High School Graduate?    **YES**    **NO**

Name and Location of High School (City and State) \_\_\_\_\_

GED Certification Number \_\_\_\_\_ GED Issued by \_\_\_\_\_

If you are currently attending college please list level \_\_\_\_\_

## WORK EXPERIENCE

Please list your past work experience beginning with most recent employment. Military experience and volunteer work may be included.

Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Job Duties \_\_\_\_\_ Supervisor's Name, Title, Telephone #:  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Job Duties \_\_\_\_\_ Supervisor's Name, Title, Telephone #:  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Job Duties \_\_\_\_\_ Supervisor's Name, Title, Telephone #:  
\_\_\_\_\_

## CERTIFICATION

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if this application is not fully completed it will not be processed. I understand that I am responsible for the accuracy of this application. I also understand that a background check will be required prior to employment and in accordance with the Drug Free Work Place Procedure applicable drug testing requirements must be met. I waive all provisions of law forbidding colleges or universities which I attended or past employers from disclosing information to the Human Resources Department of the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon completion of all pre-employment requirements.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

STATE OF OHIO :SS

**AFFIDAVIT**

COUNTY OF WOOD:

\_\_\_\_\_ **BEING DULY SWORN, DEPOSES AND SAYS:**

1. The affiant (referred to in this affidavit as the "applicant") is applying for the position of \_\_\_\_\_ with Wood Lane Residential Services, Inc. (referred to in this affidavit as the "WLRS").

2. The affiant understands that WLRS is required to conduct a criminal records check of all new employees including gathering a set of impressions of the applicant's fingerprints. The applicant further understands that if the applicant is applying for a position which includes transporting individuals with mental retardation and developmental disabilities a copy of the applicant's abstract regarding the record of convictions for violations of motor vehicle laws will be requested from the registrar of motor vehicles. The applicant agrees to sign all forms necessary for WLRS (or designee) to receive this information and understands that failure to do so means WLRS will not employ the applicant. The applicant further states that the applicant has been informed of the amount of the fee charged in obtaining these reports and agrees to pay these fees or reimburse WLRS if WLRS will be paying these fees.

**(Applicants: Check either 3 or 4 but not both)**

\_\_\_ 3. The applicant states that he/she has been a resident of Ohio for the five year period preceding this application. The applicant agrees to provide proof to WLRS that he/she has been a resident of Ohio for the five year period preceding this application.

\_\_\_ 4. The applicant states that he/she has not been a resident of Ohio for the five year period preceding this application.

**(Applicants: Check either 5 or 6 but not both)**

\_\_\_ 5. The applicant states that he/she has not been convicted of or plead guilty to any of the offenses listed in Exhibit 1. Exhibit 1 is attached to and hereby made a part of this affidavit.

\_\_\_ 6. The applicant states that he/she has been convicted or plead guilty to any of the offenses listed in Exhibit 1. Exhibit 1 is attached to and hereby made a part of this affidavit. For each offense for which the applicant has been convicted or plead guilty the applicant states:

- a. The original charge was\_\_\_\_\_.
- b. The conviction was for\_\_\_\_\_.
- c. The date of the conviction was\_\_\_\_\_.
- d. The sentence was\_\_\_\_\_.
- e. The date of the completion of all terms of the sentence was\_\_\_\_\_.
- f. The circumstances of the crime were as follows:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. The applicant agrees to inform the CEO within fourteen calendar days if, while the applicant is employed by WLRs the applicant is ever formally charged with, convicted of, or pleads guilty to any of the offenses listed in Exhibit 1. WLRs employees must notify a supervisor prior to next scheduled shift. The applicant understands that failure to report formal charges to the CEO may result in the applicant being dismissed from WLRs employment.

8. The applicant states that the above information is complete, true and accurate under penalty of perjury.

9. The applicant understands that the accuracy of this information is a condition of employment and that WLRs is relying on the accuracy of this information in making any offer of employment to the applicant.

10. The applicant understands that he/she may be discharged if any of the above information is false, incomplete or misleading.

**FURTHER AFFIANT SAYETH NAUGHT**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Signature of Affiant**

SWORN TO AND SUBSCRIBED BEFORE ME AT \_\_\_\_\_, OHIO,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

## **EXHIBIT 1 (5126.28)**

### **APPLICANT FOR EMPLOYMENT WITH WLRS**

An applicant, unless the applicant is legally rehabilitated, may not be hired by WLRS if the applicant has been convicted of or plead guilty to any of the following:

#### **HOMICIDE**

1. R.C. 2903.01 -- Aggravated murder
2. R.C. 2903.02 -- Murder
3. R.C. 2903.03 -- Voluntary manslaughter
4. R.C. 2903.04 -- Involuntary manslaughter

#### **ASSAULT**

5. R.C. 2903.11 -- Felonious assault
6. R.C. 2903.12 -- Aggravated assault
7. R.C. 2903.13 -- Assault
8. R.C. 2903.16 -- Failing to provide for a functionally impaired person

#### **MENACING**

9. R.C. 2903.21 -- Aggravated menacing

#### **PATIENT ABUSE AND NEGLECT**

10. R.C. 2903.34 -- Patient abuse; neglect
11. R.C. 2903.34.1 -- Patient endangerment

#### **KIDNAPPING AND RELATED OFFENSES**

12. R.C. 2905.01 -- Kidnapping
13. R.C. 2905.02 -- Abduction
14. R.C. 2905.04 -- Child stealing (as the offense existed prior to 07/01/96)
15. R.C. 2905.05 -- Criminal child enticement

#### **SEX OFFENSES**

16. R.C. 2907.02 -- Rape
17. R.C. 2907.03 -- Sexual battery
18. R.C. 2907.04 -- Corruption of a minor
19. R.C. 2907.05 -- Gross sexual imposition
20. R.C. 2907.06 -- Sexual imposition
21. R.C. 2907.07 -- Importuning
22. R.C. 2907.08 -- Voyeurism
23. R.C. 2907.09 -- Public Indecency
24. R.C. 2907.12 -- Felonious sexual penetration (as the offense formerly existed)
25. R.C. 2907.21 -- Compelling prostitution
26. R.C. 2907.22 -- Promoting prostitution
27. R.C. 2907.23 -- Procuring
28. R.C. 2907.25 -- Prostitution
29. R.C. 2907.31 -- Disseminating matter harmful to juveniles
30. R.C. 2907.32 -- Pandering obscenity
31. R.C. 2907.321 -- Pandering obscenity involving a minor
32. R.C. 2907.322 -- Pandering sexually oriented matter involving a minor
33. R.C. 2907.323 -- Illegal use of minor in nudity-oriented material or performance

## **ROBBERY & BURGLARY**

- 34. R.C. 2911.01 -- Aggravated robbery
- 35. R.C. 2911.02 -- Robbery
- 36. R.C. 2911.11 -- Aggravated burglary
- 37. R.C. 2911.12 -- Burglary

## **OFFENSES AGAINST FAMILY**

- 38. R.C. 2919.12 -- Unlawful abortion
- 39. R.C. 2919.22 -- Endangering children
- 40. R.C. 2919.24 -- Contributing to unruliness or delinquency of child
- 41. R.C. 2919.25 -- Domestic violence

## **WEAPONS CONTROL**

- 42. R.C. 2923.12 -- Carrying concealed weapon
- 43. R.C. 2923.13 -- Having weapons while under disability
- 44. R.C. 2923.161 -- Improperly discharging a firearm at or into a habitation or school

## **DRUG OFFENSES**

- 45. R.C. 2925.02 -- Corrupting another with drugs
- 46. R.C. 2925.03 -- Trafficking in drugs
- 47. R.C. 2925.04 -- Illegal Manufacture of Drugs or Cultivation of Marihuana
- 48. R.C. 2925.05 -- Funding of Drugs of Marihuana Trafficking
- 49. R.C. 2925.06 -- Illegal Administration or Distribution of Anabolic Steroids
- 50. R.C. 2925.11 -- Drug Abuse (So long as it is not a minor drug possession offense)

## **OTHERS**

- 51. R.C. 3716.11 -- Placing harmful objects in food or confection
- 52. A violation of R.C. 2919.23 that would formerly have violated R.C. 2905.04.

## **ADDITIONAL DISQUALIFYING OFFENSES**

- 1. Any offense, in this state, any other state, or the United States which is substantially equivalent to any of the above offenses.
- 2. Any felony contained in the Ohio Revised Code which bears a direct and substantial relationship to the duties and responsibilities of the position the applicant is being considered for.
- 3. Any offense contained in the Revised Code constituting a misdemeanor of the first degree of the first offense and a felony on a subsequent offense, if the offense bears a direct and substantial relationship to the position being filled and the nature of the services being provided by the county board.
- 4. A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses listed or described in division (E)(1), (2), or (3) of this section.

Wood Lane Residential Services, Inc.

**Disclosure and Release**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from the Bureau of Criminal Identification and Investigation (BCII), Federal Bureau of Investigation (FBI), local or out of state sheriffs' offices and HireRight Services. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from HireRight Services concerning previous driving requests made by others from such state agencies, and state provided driving records.

A criminal records check is required to be conducted and satisfactorily completed in accordance with section 109.572 of the Ohio Revised Code if the applicant comes under final consideration for appointment or employment as a precondition of employment in a position. If the applicant comes under final consideration for appointment or employment the costs of the BCII is \$22, FBI report is \$24, and driving abstract is \$8.

I authorize without reservation Wood Lane Residential Services, Inc. to contact the above mentioned agencies and any party or agency contacted by those agencies to furnish the above mentioned information.

I hereby authorize procurement of consumer report(s). If hired (or contracted) this authorization will remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's License State

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Wood Lane Residential Services, Inc.

**DISCLAIMER OF NEPOTISM/CONFLICT OF INTEREST**

Wood Lane Residential Services, Inc. supports the belief that employment or conditions of employment must be fair and consistently apply to all persons. It is our belief that no employee or applicant for employment should receive or be perceived preferential treatment by any person holding a supervisory or management position. To ensure our employment practices are administered equitably and in accordance to law, policy will be followed.

This form must be completed when any one of the following incidents occur. Please check any which apply:

- Applying for employment with WLRS.
- Applying for promotion or transfer within the program to facility/worksite: \_\_\_\_\_
- Change in scheduled work hours and/or work shift
- Affected by the parameters established within policy

**DEFINITIONS:**

Immediate Family: Parent, brother, sister, spouse, domestic partner, son, daughter, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law

Extended Family: Aunt, uncle, niece, nephew, step-sister, step-brother, grandmother, grandfather, or any other relationship created by blood or marriage.

IN ACCORDANCE TO THE ABOVE DEFINITIONS PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1.  YES  NO A Board Member currently serving on Wood Lane Residential Services, Inc. Board is an immediate or extended family member
- 2.  YES  NO A Management Employee (see applicable positions below) in the program is an immediate or extended family member
- 3.  YES  NO A Supervisory Employee in the program is an immediate or extended family member
- 4.  YES  NO An employee in the program is an immediate or extended family member
- 5.  YES  NO A person receiving services from Wood Lane Residential Services, Inc. is my immediate or extended family member
- 6.  YES  NO I currently cohabit with an employee of WLRS, Inc.

If yes was checked for any of the above, please provide the family member's name, position, current facility/location, how they are related to you, and any other comments.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Management Employee:**

- |                     |                         |                         |
|---------------------|-------------------------|-------------------------|
| Executive Assistant | Board Member            | Chief Executive Officer |
| Finance Director    | Human Resources Manager | Maintenance Supervisor  |
| Program Coordinator | Residential Supervisor  | Compliance Coordinator  |

**Residential Supervisory Employee:**

- |                           |                      |                     |
|---------------------------|----------------------|---------------------|
| Assistant Home Supervisor | Home Supervisor      | Program Supervisor  |
| Nursing Supervisor        | Recreation Therapist | Respite Coordinator |

# ***APPLICANT INFORMATION SHEET***

## ***(for positions including direct care responsibilities)***

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- Primary duties include providing assistance and training to adults including cooking, cleaning, swimming, passing medications, and transporting - which means you may be required to drive a wheelchair accessible van.
- Duties may also include total assistance in areas such as bathing, eating, and toileting for both male and female individuals. Working conditions may exist that may include exposure to bloodborne pathogens (including urine, feces, emesis, and women's menses cycles), communicable disease, and potentially infectious materials.
- Employees are required to attend monthly and yearly meetings that are not necessarily part of their regular work schedule.
- Employees may be involved in incidents requiring physical intervention and assistance to ensure their safety. Intervention is inherent to this job and may occur with or without provocation or stimulation. Intervention will occasionally result in bruises, scrapes, etc., to the employee. Staff will be trained and are required to successfully complete Behavior Shaping training prior to working with individuals. Employees must also be able to lift, carry, and transfer adults in a safe manner.
- Full-time and part-time employees are paid \$9 per hour for the first 150 days; then \$11.53 per hour. Prior experience may exempt an employee from entry-level pay. Sleeping overnight hourly rate is minimum wage.
- Part-time employees accrue paid personal leave. All employees regularly scheduled 70 or more hours biweekly accrue paid vacation, sick, and personal leave. Health and dental benefits are available to full-time employees with a percentage of premiums being the responsibility of the employee.
- Availability of hours depends on openings. Schedules range from small part-time positions to full-time positions. Many positions include overnight shifts (1-4 times biweekly) with accommodations for staff to sleep.
- As we are a 24 hours a day, 7 days per week operation, employees are required to report to work during inclement weather conditions including Level 1, 2 and 3 Snow Emergencies. These weather conditions include fog, snow, freezing rain, etc.
- Applicants ***who are offered employment*** are required to have a physical by our contracted physician, a 2-step PPD, and are offered a Hepatitis B Vaccination at no expense to the employee.
- If you are unclear as to what is entailed to work in a direct care position or if you are unsure that this is the career for you, an 8-minute video is available that outlines what is required. Please indicate if you would like to schedule a time to watch this video. **Yes No**

**OVER ≡**

- Applicants must be able to legally work in the United States and are required to submit to a background check at their own expense including: Bureau of Criminal Identification - Sheriff=s Check (cost is \$22 if you have lived in Ohio for 5 consecutive years **OR** an FBI Check (cost is \$46).
  - For all driving positions, must be at least 21 years of age; drivers 21-24 years of age must maintain a clean Motor Vehicle Report (MVR) and valid license for at least 3 years. Eligible applicants are required to submit to a driving record check at their own expense (cost is \$8). Please list any moving violations you have had in the past 3 years.
- 

- Employees will be subject to pre-employment, random, post-accident, post-injury, and reasonable suspicion alcohol and substance abuse testing. In consideration of WLRS=s review of my application for employment I hereby release any individual, entity, and WLRS from all claims or liabilities that might arise from the drug test or the disclosure of its results including claims under any federal, state, or local civil rights law, and any claims for defamation or invasion of privacy.
  - A dress code is enforced which includes but is not limited to: excessive visible tattoos (temporary or permanent) and other nonpiercing body art is permitted as long as the art does not depict violence, profanity, questionable slogans, sexual situations, illegal acts, political statements, or other subject matter which could be perceived in such a way as to be disruptive or offensive or contradictory to the philosophy and practices of WLRS. Visible body piercing jewelry is limited to small, unobtrusive earrings with a separate front and back. This body piercing jewelry is limited to the ears. Necklaces and bracelets are not permitted (unless they serve to provide emergency medical information).
  - People who are given a condition offer of employment will be required to complete all orientation in a timely manner (depending on the facility this could take 6-8 weeks). This includes General Orientation, Behavior Shaping, First Aid, CPR, Transportation, Universal, Home Specific, Fire Safety/Emergency Response, Hands-On, and Medication Pass Training/Certification.
  - Part of the interview process involves calling references. Are there any past or current employer(s) you do not want contacted and why?
- 
- 

My signature indicates that I understand the above, have been given the opportunity to ask questions, and am able to perform all the essential functions of the job as described in this document.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Wood Lane Residential Services, Inc.

**REFERENCE / REFERENCE RELEASE**

Applicant Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

I have applied for a position with WLRS. Before I may be considered a qualified applicant I must be able to provide references. Please feel free to provide the information requested to WLRS. I voluntarily consent to full disclosure. I have read and understand that the questions asked below are relevant to their hiring decision. Your cooperation will be fundamental in my prospective employment with this agency. Thank you for your consideration and assistance.

I hereby authorize the release of the below information to WLRS without any legal liability for the party that furnished the information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 
1. Hire Date: (m/d/y) \_\_\_\_\_ Status (check one)  Full Time  Part Time  Sub Resigned (m/d/y) \_\_\_\_\_
  2. Individual's job title? \_\_\_\_\_
  3. Did you supervise this individual?  Yes  No
  4. What job duties were performed? \_\_\_\_\_
  5. Did this individual provide care to individuals with disabilities, the elderly, or children? If yes, please describe: \_\_\_\_\_
  6. Did this individual receive any promotions while employed by your organization? If yes, please describe: \_\_\_\_\_
  7. What exceptional work related strengths did this individual possess? \_\_\_\_\_
  8. Did this individual often do more than was reasonably expected? \_\_\_\_\_
  9. Was this individual dependable? \_\_\_\_\_ 10. Why did this individual leave your organization? \_\_\_\_\_
  11. If given an opportunity to do so would you rehire this individual?  Yes  No  
If no, why? \_\_\_\_\_

Signature of individual completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number \_\_\_\_\_ Organization Name: \_\_\_\_\_

Wood Lane Residential Services, Inc.

**REFERENCE / REFERENCE RELEASE**

Applicant Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

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I hereby authorize the release of the below information to WLRS without any legal liability for the party that furnished the information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 
1. Hire Date: (m/d/y) \_\_\_\_\_ Status (check one)  Full Time  Part Time  Sub Resigned (m/d/y) \_\_\_\_\_
  2. Individual's job title? \_\_\_\_\_
  3. Did you supervise this individual?  Yes  No
  4. What job duties were performed? \_\_\_\_\_
  5. Did this individual provide care to individuals with disabilities, the elderly, or children? If yes, please describe: \_\_\_\_\_
  6. Did this individual receive any promotions while employed by your organization? If yes, please describe: \_\_\_\_\_
  7. What exceptional work related strengths did this individual possess? \_\_\_\_\_
  8. Did this individual often do more than was reasonably expected? \_\_\_\_\_
  9. Was this individual dependable? \_\_\_\_\_ 10. Why did this individual leave your organization? \_\_\_\_\_
  11. If given an opportunity to do so would you rehire this individual?  Yes  No  
If no, why? \_\_\_\_\_

Signature of individual completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number \_\_\_\_\_ Organization Name: \_\_\_\_\_

Wood Lane Residential Services, Inc.

**REFERENCE / REFERENCE RELEASE**

Applicant Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

I have applied for a position with WLRS. Before I may be considered a qualified applicant I must be able to provide references. Please feel free to provide the information requested to WLRS. I voluntarily consent to full disclosure. I have read and understand that the questions asked below are relevant to their hiring decision. Your cooperation will be fundamental in my prospective employment with this agency. Thank you for your consideration and assistance.

I hereby authorize the release of the below information to WLRS without any legal liability for the party that furnished the information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



1. Hire Date: (m/d/y) \_\_\_\_\_ Status (check one)  Full Time  Part Time  Sub Resigned (m/d/y) \_\_\_\_\_
2. Individual's job title? \_\_\_\_\_
3. Did you supervise this individual?  Yes  No
4. What job duties were performed? \_\_\_\_\_
5. Did this individual provide care to individuals with disabilities, the elderly, or children? If yes, please describe: \_\_\_\_\_
6. Did this individual receive any promotions while employed by your organization? If yes, please describe: \_\_\_\_\_
7. What exceptional work related strengths did this individual possess? \_\_\_\_\_
8. Did this individual often do more than was reasonably expected? \_\_\_\_\_
9. Was this individual dependable? \_\_\_\_\_
10. Why did this individual leave your organization? \_\_\_\_\_
11. If given an opportunity to do so would you rehire this individual?  Yes  No  
If no, why? \_\_\_\_\_

Signature of individual completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number \_\_\_\_\_ Organization Name: \_\_\_\_\_