

Job Application

Instructions: Print clearly in black or blue ink. **Please answer all questions completely. Incomplete applications will not be considered.**

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number(____) _____

Are you eligible to work in the United States? Yes _____ No _____

If you are under age 18, do you have an employment/age certificate? Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

Position/Availability

Position(s) Applied For _____ Desired hourly pay _____

Which Location(s) do you prefer? ___ Doylestown ___ Bethlehem ___ Ottsville Spa

Days/Hours Available – Please check beside the shift(s) you are available to fill:

(please select all that you could be available for, even if it is not desirable. We will only consider applications with available hours for positions that we are hiring for.)

Monday ___ 8:45 am – 2:00 pm _____ 1:45 pm – 7:30 pm

Tuesday ___ 8:45 am – 2:00 pm _____ 1:45 pm – 7:30 pm

Wednesday ___ 8:45 am – 2:00 pm _____ 1:45 pm – 7:30 pm

Thursday ___ 8:45 am – 2:00 pm _____ 1:45 pm – 7:30 pm

Friday ___ 8:45 am – 3:30 pm Friday SPA _____ 8:45 am - 600 pm

Saturday ___ 7:45 am – 12:30 pm Saturday SPA _____ 8:45 – 4:00 pm

What date are you available to start work? _____

Education

Name and Address Of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

Employment History

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

Dates employed from: _____ to: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

Dates employed from: _____ to: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

References

Name	How do you know them	Address	Phone
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Why would you be interested to work at the Well of Life Center for Natural Health? What do you think you would be able to bring to the job?

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature_____ Date_____