

FACILITY: _____

EMPLOYMENT APPLICATION

THIS FACILITY/COMPANY IS COMMITTED TO THE PROVISION OF EQUAL EMPLOYMENT OPPORTUNITIES TO ITS APPLICANTS REGARDLESS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, SEX, MARITAL STATUS, SEXUAL ORIENTATION, DISABILITY OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE. THIS APPLICATION IS INTENDED TO ALLOW YOU TO PROVIDE OUR ORGANIZATION WITH INFORMATION FROM WHICH YOUR SUITABILITY FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING CAN BE DETERMINED.

(Please Print) Date of Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number _____ / _____ / _____ Telephone Number: _____

First Choice

Second Choice

Position(s) Applied For: _____

Are you 18 years of age or older? YES NO

If under 18, can you, after employment, submit a work permit? YES NO

How did you hear about us? Advertisement Employment Agency Friend/Relative
 Employee Other – Please Specify: _____

For checking prior work/education records, list all names you have been known by: _____

List friends or relatives presently working at this facility: _____

Have you filed an application here before? YES NO Date: _____

Have you ever been employed here? YES NO Date(s): _____

Are you legally qualified to work in the United States? YES NO

Are you available to work: Full Time Part Time Temporary
Which shifts are you available to work for? Day (First) Evening (Second) Night (Third)

Date available for work: _____ Minimum Salary/Rate Desired: _____

Are you a veteran of the United State Military Service? YES NO

If yes, what was your branch of United State Military Service? _____

EMPLOYMENT EXPERIENCE – List both part-time and full-time jobs. Start with present or last job.

Present Employment (or last job – include military experience):

Company Name	Telephone
Address	Employed (State Month and Year) From: To:
Name of Supervisor	Salary: Start: Present (or Ending):
List Job Title and Describe Your Work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours/Week:
Reason For Leaving:	
May we conduct a detailed reference check and contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous Employment

Company Name	Telephone
Address	Employed (State Month and Year) From: To:
Name of Supervisor	Salary: Start: Present (or Ending):
List Job Title and Describe Your Work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours/Week:
Reason For Leaving:	
May we conduct a detailed reference check and contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Telephone
Address	Employed (State Month and Year) From: To:
Name of Supervisor	Salary: Start: Present (or Ending):
List Job Title and Describe Your Work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours/Week:
Reason For Leaving:	
May we conduct a detailed reference check and contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Telephone
Address	Employed (State Month and Year) From: To:
Name of Supervisor	Salary: Start: Present (or Ending):
List Job Title and Describe Your Work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours/Week:
Reason For Leaving:	
May we conduct a detailed reference check and contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION SKILLS:

SCHOOL	NAME OF SCHOOL CITY/STATE	YEARS COMPLETED	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School					
College					
College					
Other					

Special Courses (i.e. Military training, apprenticeship program, vocational training, any Continuing Education Courses/Seminars taken in your professional field):

Area of Specialization or Major Interest: _____

List any equipment, tools or office machines you can operate: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATES:

Type	Active or Inactive	State Issued	Date of Expiration	Number	Verified

REFERENCES (List references who are not relatives):

Name	Address	Occupation	Home Telephone Number

*Have you ever been convicted of any crimes, other than minor traffic violations? YES NO
If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

Have you ever been sanctioned, suspended or otherwise determined to be ineligible for participation in State of Federal Programs by any State or Federal Licensing Board or Agency? YES NO
If yes, please give details of the suspension, inclusive dates and current status: _____

Do you have any obligations which might affect your work schedule? YES NO
If yes, please explain: _____

Are you able to perform all of the job functions of the position(s) for which you have applied? (See Attached Job Description) YES NO If no, please explain:

Have you ever been dismissed or asked to leave a position by an employer? YES NO
If yes, please explain the circumstances: _____

*NO APPLICANT WILL BE DENIED EMPLOYMENT BASED SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION APPLIED FOR WILL, HOWEVER, BE CONSIDERED.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

I authorize investigation of all statements contained in this application blank if I am considered for employment. I also authorize previous employers named or any other person to whom this company may refer, to give any and all information regarding my employment or scholastic standing together with any other pertinent information.

I verify and affirm that all information provided on this application is true. I understand that any misrepresentation or omission of facts will be sufficient cause for immediate dismissal from the facility's/company's service.

Signature

Date

EVALUATION AND RESULT OF APPLICATION

Accepted: Job Assignment

Starting Pay: _____

Accepted: Date to Report

Date Started: _____