



EMPLOYMENT APPLICATION

NAME: _____ **DATE:** _____

Last

First

Middle

Mailing Address

City

State

Zip

PHONE: _____

EMAIL: _____

We are an equal opportunity employer and will consider all applicants equally without regard to race, religion, color, sex, age, national origin, genetics, marital status, military status, or disability as provided in the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

POSITION APPLYING FOR: _____ **SALARY DESIRED:** _____

IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES ___ NO ___ NOT APPLICABLE ___

HOW WERE YOU REFERRED TO THIS FACILITY?

DATE AVAILABLE FOR WORK:

DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED BY THIS FACILITY? YES ___ NO ___

WHICH DEPARTMENT? _____

ARE YOU APPLYING FOR:

FULL TIME _____ PART TIME _____

PERMANENT _____ TEMPORARY _____

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY?

YES ___ NO ___

IF YES, GIVE DATE: _____

SHIFT PREFERENCE:

1st _____

2nd _____

3rd _____

ARE YOU A CITIZEN OF THE U.S. OR DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES?

YES ___ NO ___

ARE YOU UNDER THE AGE OF 18? YES ___ NO ___

IF YES, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? YES ___ NO ___

HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?

(A conviction record will not necessarily disqualify you from employment)

YES ___ NO ___ IF YES, EXPLAIN: _____

EDUCATION/SKILLS

HIGH SCHOOL OR GED

SCHOOL NAME: _____ CITY: _____ STATE: _____

DID YOU GRADUATE? YES ___ NO ___

COLLEGE

SCHOOL NAME: _____ CITY: _____ STATE: _____

DEGREE _____ MAJOR _____ DID YOU GRADUATE? YES ___ NO ___

COLLEGE

SCHOOL NAME: _____ CITY: _____ STATE: _____

DEGREE _____ MAJOR _____ DID YOU GRADUATE? YES ___ NO ___

GRADUATE SCHOOL

SCHOOL NAME: _____ CITY: _____ STATE: _____

DEGREE _____ MAJOR _____ DID YOU GRADUATE? YES ___ NO ___

SPECIALIZED TRAINING, APPRENTICESHIP, EXTRA-CURRICULAR ACTIVITIES OR ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

TYPE:	STATE ISSUED:	DATE:	NO:	EXPIRATION:
_____	_____	_____	_____	_____

TYPE:	STATE ISSUED:	DATE:	NO:	EXPIRATION:
_____	_____	_____	_____	_____

TYPE:	STATE ISSUED:	DATE:	NO:	EXPIRATION:
_____	_____	_____	_____	_____

TYPE:	STATE ISSUED:	DATE:	NO:	EXPIRATION:
_____	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE

Please list name, address and phone number of previous employers with most recent employer first.

JOB TITLE:	EMPLOYED FROM _____ (mm/dd/yyyy)	TO _____ (mm/dd/yyyy)	LAST SALARY:
EMPLOYER NAME: _____ PHONE: _____			
ADDRESS: _____			
DUTIES: _____			
CAN WE CONTACT YOUR SUPERVISOR? YES _____ NO _____			
IMMEDIATE SUPERVISOR: _____ PHONE: _____			
REASON FOR LEAVING: _____			

JOB TITLE:	EMPLOYED FROM _____ (mm/dd/yyyy)	TO _____ (mm/dd/yyyy)	LAST SALARY:
EMPLOYER NAME: _____ PHONE: _____			
ADDRESS: _____			
DUTIES: _____			
CAN WE CONTACT YOUR SUPERVISOR? YES _____ NO _____			
IMMEDIATE SUPERVISOR: _____ PHONE: _____			
REASON FOR LEAVING: _____			

JOB TITLE:	EMPLOYED FROM _____ (mm/dd/yyyy)	TO _____ (mm/dd/yyyy)	LAST SALARY:
EMPLOYER NAME: _____ PHONE: _____			
ADDRESS: _____			
DUTIES: _____			
CAN WE CONTACT YOUR SUPERVISOR? YES _____ NO _____			
IMMEDIATE SUPERVISOR: _____ PHONE: _____			
REASON FOR LEAVING: _____			

JOB TITLE:	EMPLOYED FROM _____ (mm/dd/yyyy)	TO _____ (mm/dd/yyyy)	LAST SALARY:
EMPLOYER NAME: _____ PHONE: _____			
ADDRESS: _____			
DUTIES: _____			
CAN WE CONTACT YOUR SUPERVISOR? YES _____ NO _____			
IMMEDIATE SUPERVISOR: _____ PHONE: _____			
REASON FOR LEAVING: _____			

