



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: _____			

REFERENCES

PLEASE LIST THREE PERSONS WHO ARE NOT RELATED TO YOU OR ARE NOT PREVIOUS SUPERVISORS, WHO CAN PROVIDE PROFESSIONAL REFERENCES.

NAME: _____

RELATIONSHIP _____ OCCUPATION _____ YEARS KNOWN: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

Street or PO Box

City

State

Zip

NAME: _____

RELATIONSHIP _____ OCCUPATION _____ YEARS KNOWN: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

Street or PO Box

City

State

Zip

NAME: _____

RELATIONSHIP _____ OCCUPATION _____ YEARS KNOWN: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

Street or PO Box

City

State

Zip

Please attach a resume of your educational and professional career if available.

I hereby certify that the information contained in this application form is true and correct and I authorize personnel representatives of this facility to contact any of my schools, former employers or other references unless otherwise stated. I understand that a background check may be done for employment purposes that may include criminal history, social security trace, employment and education references, professional licenses and credentials. I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination before employment. This agreement does not bind either party for any specific period regarding employment.

DATE

SIGNATURE