



APPLICATION FOR EMPLOYMENT

Position(s) Desired _____ Full Time On-Call Part Time Temporary Today's Date _____

FOR CONSIDERATION ANSWER COMPLETELY AND ACCURATELY. PLEASE PRINT. DO NOT REFERENCE RESUME. IF YOU REQUIRE ACCOMMODATION DUE TO A DISABILITY IN ORDER TO COMPLETE THE APPLICATION, PLEASE LET US KNOW WHAT ACCOMMODATION YOU REQUIRE.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment.

It is the policy of this Company to provide and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, marital status, national origin, age, disability or other protected status unrelated to the performance of the work involved.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company may investigate my criminal and/or driving record and that all professional licenses and certifications will be verified. I further understand that the Company may contact my current/previous employers and personal references; and I authorize those employers to disclose to the Company all records pertinent to my employment with them. I recognize that any offer of employment is conditional upon satisfactory results of all background investigations, including a drug test.

I hereby state that all of the information that I provide on this application and any supplemental documents (including resume) and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed from employment.

**DO NOT SIGN UNTIL
YOU HAVE READ
THE ABOVE STATEMENT**

Signature of Applicant

PERSONAL DATA

Last Name, First, M.I.	Phone #1 () - <input type="checkbox"/> Cell
Street Address	Phone #2 () - <input type="checkbox"/> Cell
City, State, Zip	Email
Have you ever been employed by us? If yes, state dates and position: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you are available to begin work?
Do you understand employment may require working weekends, holidays, and overtime as required by Facility and Departmental needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the United States? (Employment is conditional on providing proof of eligibility within 3 days of employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been dismissed from employment, forced to resign, or resigned to avoid being dismissed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details on back of application.	
Have you ever been convicted of any crime excluding minor traffic offenses? (A criminal conviction will not be an automatic bar to consideration for employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details on back.	
Professional License/Certification/Registration Number: _____ State: _____ Expiration Date: _____	

EMPLOYMENT

List **ALL** positions you have held. **Cover at least the past five years.** Use additional pages, if necessary.

Start with most recent Employer. Include internships, practicums, military, and volunteer experiences.			Position and Duties
From Mo/Yr	To Mo/Yr	Company (Present/Last Employer) <hr/> Phone <hr/> Supervisor/Title	<hr/> Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Pay	Last Pay		
From Mo/Yr	To Mo/Yr	Company <hr/> Phone <hr/> Supervisor/Title	<hr/> Reason for Leaving
Start Pay	Last Pay		
From Mo/Yr	To Mo/Yr	Company <hr/> Phone <hr/> Supervisor/Title	<hr/> Reason for Leaving
Start Pay	Last Pay		
From Mo/Yr	To Mo/Yr	Company <hr/> Phone <hr/> Supervisor/Title	<hr/> Reason for Leaving
Start Pay	Last Pay		
From Mo/Yr	To Mo/Yr	Company <hr/> Phone <hr/> Supervisor/Title	<hr/> Reason for Leaving
Start Pay	Last Pay		
From Mo/Yr	To Mo/Yr	Company <hr/> Phone <hr/> Supervisor/Title	<hr/> Reason for Leaving
Start Pay	Last Pay		

Explain any time periods not accounted for -- or breaks in employment -- on last page.

EDUCATION

	School Name City & State	# Years Completed	Graduate? Yes - No	Degree Earned	Major Field of Study
High School					
College or University					
Graduate School					
Technical, Trade, Business School					

Describe any special training or courses you have had relating to the position or type of work you are seeking.

ADDITIONAL INFORMATION

How did you hear about employment opportunities with our company? Posted Announcement Advertisement
 Employee Walk-In Resident Relative Government/Employment Agency Other
 Name of Source:

Do you have any friends/family working for us? Yes No
 Name: Relationship: Name: Relationship:

Have you ever worked using another name? Yes No If Yes, explain below.

Have you read the job description? Yes No If Yes, are you able, with or without reasonable accommodation, to perform the essential functions and duties as outlined? Yes No
 Please explain:

REFERENCES

Please list three (3) **professional or personal** references who have direct knowledge of your skills and abilities. Indicate in the "Relationship" section how the individual knows you (manager, co-worker, client, friend, etc.) and from where.
Do not include anyone from your own family.

Name	Title	Phone () -
Address	Relationship	
Name	Title	Phone () -
Address	Relationship	
Name	Title	Phone () -
Address	Relationship	

ADDITIONAL INFORMATION you wish to share that may help us understand and appreciate your abilities.

Continue here from previous pages as necessary

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

_____ Date

_____ Applicant's Signature

DO NOT WRITE BELOW THIS LINE

Interviewed by		Date	
Interviewed by		Date	
If hired, start date		Orientation date	
Department	Station	Shift	Position
<input type="checkbox"/> Full-Time <input type="checkbox"/> On-Call <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem			Wage/Salary \$ _____ per