

EMPLOYMENT APPLICATION

LAST NAME	FIRST	MIDDLE						
PRESENT ADDRESS	CITY	STATE	ZIP CD	TELEPH	IONE NO.			
PERMANENT ADDRESS	CITY	STATE	ZIP CD	EMAIL A	ADDRESS			
IN CASE OF AN EMERGENCY NOTIFY:	NAME	ADDRESS		CITY	STATE	PHONE		
POSITION APPLIED FOR				SALARY	DESIRED			
HOW WERE YOU REFERI								
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY?					DATE AVAILABLE FOR WORK:			

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	HOW WERE YOU REFERRED TO THIS FACILITY?	ARE YOU APPLYING FOR FULL TIME PART TIME PERMANENT TEMPORARY				
-	RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY?	DATE AVAILABLE FOR WORK:				
	HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY (WHEN)	WOULD YOU CONSIDER WORKING ANY SHIFT? YES NO				
	HAVE YOU EVER BEEN DISCHARGED OR RESIGNED IN LIEU OF BEING D	NO NO ROTATING SHIFTS YES NO ON CALL YES NO				
	ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT BECAUSE OF YOUR VIS STATUS? YES NO P PLEASE INDICATE VISA TYPE OR OTHER IMMIGRATION STATUS, IF APPLICAB	SHIFT PREFERENCE: 1ST 2ND 3RD 3RD				
	WERE YOU EVER CONVICTED OF A FELONY? YES NO IF YE	ES, EXPLAIN:			·	_

-	SCHOOL NAME AND ADDRESS OF SCHOOL			COURSE	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE				
	HIGH							1	2	3	4	☐ YES ☐ NO		
S	COLLEGE							1	2	3	4	☐ YES ☐ NO		
N/SKILL	COLLEGE							1	2	3	4	☐ YES ☐ NO		
\geq	OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)													
Ō	AREA OF SPECIALIZATION OR MAJOR INTEREST					TYPING: APPROX. WPM SHORTHAND: APPROX. WPM								
A	LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:													
Q	PROFESSIONAL LICENSES AND/OR CERTIFICATIONS													
Ы	ARE YOU CL	JRRENTLY: GIBLE FOR:						TFIED	TION					
ш		(PE			STATE ISS	JED		DA	ΓE			NO		
!	LICENSED, REGISTERED OR CERTIFIED	/PE	ÞE		STATE ISSUED			DATE				NO		
		/PE			STATE ISS	JED		DA	ΓE			NO		
	LANGUAG	GE SKILLS	(where related to	o position sou	ght)									
-	LANGUAGE		DO YOU?	SPEAK	□ FA □ G0 □ FL		READ		Fair Goo Flue	D	Πv	VRITE	☐ FAIR ☐ GOOD ☐ FLUENT	
-	LANGUAGE		DO YOU?	SPEAK	□ FA □ G0 □ FL		READ		FAIR GOO FLUE		D v	VRITE	GOOD	

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	то	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
JOB TITLE:				
EMPLOYER NAME ADDRESS & PHONE:				
DUTIES:				
REASON FOR LEAVING:				
JOB TITLE:				
EMPLOYER NAME ADDRESS & PHONE:				
DUTIES:				
JOB TITLE:				
EMPLOYER NAME ADDRESS & PHONE:				
DUTIES:				
REASON FOR LEAVING:		1	1	
JOB TITLE:				
EMPLOYER NAME ADDRESS & PHONE:				
DUTIES:				
REASON FOR LEAVING:				
State if you do not want us to contact any of the above listed former er				
Can we run a detailed employment check, including but not limited to a check with your previous employers?	YES 🗌 NO	Please sign he	ere to authorize reference chec	k

Did you serve in the U.S. Armed Services? YES NO What Branch?	\mathcal{A}
Have you volunteered your time or services? YES NO Where?	
Briefly describe duties and skills acquired through volunteer or military service: (include dates)	
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LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:									
NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE						

MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION

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. This is to be done for the purposes of collecting information and an account of their experience with me. 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

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 employement.

Signature

Date

NOTIFY IN CASE OF EMERGENCY

TO BE COMPLETED AFTER	н	RED?	YES		NO		SEE COMMEN	NTS BELOW	v	
REFERENCES CHECKED AND BY WHOM:	REFERENCE #1	DATE RE	EFERENCE	#2	DA	ΤE		REFERENCE #3	DATE	
PERSONNEL NOTES (these notes are open to inspection-please keep information factual)										
IF APPLICANT IS 18 YRS. OLD (IS PROOF OF AGE ON FILE?	DR LESS		INTE	RVIEWI	ER'S	SIGN	ATURI	Ξ		
STARTING DATE		EXEMPT			ON OF	F PRO	BATIC)N/APPROVED B	iΥ	
DEPARTMENT		COST CENTER	SIG	NATURE	Ξ					
POSITION/JOB SITE				ULL TIN ART TIN				ON CALLS		
STARTING SALARY/GRADE		DIFFERENTIAL	SHIF	-T			E	MPLOYEE NUM	BER	

RELATIONSHIP

ADDRESS

TELEPHONE

NAME

REFERENCES

REMARKS