

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

Personal Information

Date of Application _____ Date Available _____

Name _____ Social Security Number _____
Last First Middle

Present Address _____ Phone Number _____
Street City State Zip Code

Permanent Address (if Different than Present Address) _____ Phone Number _____
Street City State Zip Code

If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone _____

Employment Desired

Type of Work Desired	Shift	Salary	
First Choice			Will You Accept Employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary?
Second Choice			Are You 18 Yrs. of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Third Choice			Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No
			May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
			How Did You Learn Of This Opening? _____

Education

Circle Highest Grade Completed: 8 9 10 11 12
 13 14 15 16

Scholastic Honors Received _____

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at Discharge _____
Month Day Year Month Day Year

Professional Licenses and/or Certifications

	Organization or State Issued	Date Issued	Number	Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last _____ First _____ Middle Initial _____

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

Do Not Answer Questions In This Area - To Be Completed After Employed

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number and Ages of Children _____

Notify In Case of Emergency:

Name _____ Relationship _____

Street _____ City _____ State _____ Zip Code _____ Telephone _____

What Language(s) (Other than English) Do You Speak? _____

Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____

Date _____

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____ Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what? _____
	P.M.	P.M.	
Monday	A.M.	A.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	Do you limit your annual earnings due to Social Security or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state what is the maximum amount you wish to earn _____
	P.M.	P.M.	
Wednesday	A.M.	A.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.
	P.M.	P.M.	
Thursday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.
	P.M.	P.M.	
Friday	A.M.	A.M.	_____
	P.M.	P.M.	
Saturday	A.M.	A.M.	_____
	P.M.	P.M.	

Applicant's Signature _____

Date _____

This Page For Institution and Interviewers' Use Only

Interviewers Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use

Hired _____ For what department _____ Position _____

Salary _____ per Year
Month
Hour Starting Date _____