

APPLICATION FOR EMPLOYMENT

Confidential

(Please print clearly)

Personal Information

Date of Application _____ Date Available _____

Name _____ SSN # _____
Last First Middle

Present Address _____ Phone # _____
Street City State Zip

Permanent Address _____ Phone# _____
(IF Different than Present Address) Street City State Zip

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		
Second Choice		
Third Choice		

Circle all that apply. Will you accept employment of:

Full Time? Part Time? Temporary?

Are you 18 years of age or older? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

How did you learn of this opening? _____

Education

Circle Highest Grade Completed 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
High School				No Yes	
College				No Yes Date: _____	
Vocational or Business				No Yes Date: _____	
Professional Education				No Yes Date: _____	
Laboratory or X-Ray Training				No Yes Date: _____	

Extracurricular Activities while in School: _____

Member of Professional Organizations: _____

Honors received, volunteer or community service, or other qualifications you have pertaining to the position in 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				Verification
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	Dated Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	

If your former employment references, education, or military service are under a name other than indicated on the front of the application, please indicate here: _____

Last

First

Middle

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.

Employment Understanding (Please Read & 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 the 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 the days and hours you are available for work. Please be specific.

Availability Record

Day	From	To
Sunday	A.M.	A.M.
	P..M.	P..M.
Monday	A.M.	A.M.
	P..M.	P..M.
Tuesday	A.M.	A.M.
	P..M.	P..M.
Wednesday	A.M.	A.M.
	P..M.	P..M.
Thursday	A.M.	A.M.
	P..M.	P..M.
Friday	A.M.	A.M.
	P..M.	P..M.
Saturday	A.M.	A.M.
	P..M.	P..M.

Primary position desired _____

Will you accept another position: Yes No

If yes, what? _____

Are you available to work:

Weekends?	Yes	No
Holidays?	Yes	No
Rotating Shifts?	Yes	No

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.

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.

Applicant's Signature _____

Date _____

End of Application

Institution and Interviewers' Use Only

D.O.B. ___/___/___ Sex: M F Marital Status: _____ Nationality: _____ Number & Ages of Children _____

Notify in Case of Emergency:

Name Relationship

Street City State Zip Code Phone Number

What language(s) other than English do you speak? _____

Reference & Prior Employment Check

Individual Contacted	Name of Firm	Results of Check

Reference & Prior Employment Check

Interviewer	Date	Comments

For Personnel Office Use

Hired _____ For what department _____ Position _____

Salary _____ per Year Month Hour Starting Date _____