

APPLICATION FOR EMPLOYMENT

Confidential

(Please Print Clearly)

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 from above)	_____	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	Will you accept employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary?		
First Choice			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Second Choice			Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Third Choice			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 Scholastic Honors Received _____	
	13 14 15 16	

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

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				Verif.
Type	Organization or State Issued	Date Issued	Number	
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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 and 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? _____

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

Use the space below to give us further information which will assist in placing you, including 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 _____ Phone _____

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 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 organization 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 drug screening, and understand that an offer of employment is contingent upon passing the drug screening.

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.

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 (Be Specific)			Availability Record	
Day	From	To	Primary position desired _____	
Sunday	A.M.	A.M.	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
	P.M.	P.M.		
Tuesday	A.M.	A.M.	Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	P.M.	P.M.		
Wednesday	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
	P.M.	P.M.		
Thursday	A.M.	A.M.	If yes, please state the maximum amount you wish to earn _____	
	P.M.	P.M.		
Friday	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.		
Saturday	A.M.	A.M.	Applicant's Signature	Date
	P.M.	P.M.		