



# APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

## Personal Information

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last (include maiden) First Middle

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Street City State Zip Code

Permanent Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 (If Different Than Present Address) Street City State Zip Code

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

How did you learn of this opening: \_\_\_\_\_

## Employment Desired

Please list type of work desired:

1<sup>st</sup> Choice: \_\_\_\_\_ Shift: \_\_\_\_\_ Salary: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Shift: \_\_\_\_\_ Salary: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Shift: \_\_\_\_\_ Salary: \_\_\_\_\_

Will you accept employment for: Full Time?  Yes  No Part Time?  Yes  No Temporary?  Yes  No

Are you available to work: Weekends?  Yes  No Holidays?  Yes  No Rotating Shifts?  Yes  No

Please indicate days and hours you are available for work (please be specific):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (am/pm)							
To (am/pm)							

Are you 18 years of age or older:  Yes  No

Are you currently employed:  Yes  No May we contact your present employer:  Yes  No

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 \_\_\_\_\_

## Education

Check highest grade completed:  9  10  11  12  13  14  15  16

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

Extracurricular activities while in school: \_\_\_\_\_

Member of professional organizations: \_\_\_\_\_



Honors received, volunteer or community service or other qualifications you feel are related to the position for which you are applying:

Were you in the U.S. Armed Forces:  Yes  No If yes, which branch: \_\_\_\_\_  
 Dates of Duty: \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

**Professional Licenses and/or Certifications**

Type	Organization or State Issued	Date Issued	Number	Verification

**Employment Record (list present position first)**

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

Please provide name, address and phone number of two personal references not related to you, who have knowledge of your character, experience and ability.

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime:  Yes  No If yes, for what, when and where? \_\_\_\_\_

Have you had any convictions for mistreatment, neglect, or abuse of residents, or misappropriations of their property?  Yes  No

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 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 \_\_\_\_\_





This Page for Institution and Interviewers' Use Only

Interview		
Interviewer	Date	Comments

Present & Former Employer Reference Check		
Employer Contacted	Company Name	Comments

Personnel Office Use Only

Hired \_\_\_\_\_ Department \_\_\_\_\_ Position \_\_\_\_\_

Starting Date \_\_\_\_\_ Salary \_\_\_\_\_ per Hour / Month / Year

Date of Birth \_\_\_\_\_ Martial Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_