



APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Personal Information

Date of Application _____ Date Available _____

Name _____
 Last (include maiden) _____ First _____ Middle _____
 Social Security Number _____

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:

1st Choice: _____ Shift: _____ Salary: _____
 2nd Choice: _____ Shift: _____ Salary: _____
 3rd 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 _____