



APPLICATION FOR EMPLOYMENT

An
Equal
Opportunity
Employer

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, genetic information, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

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PERSONAL INFORMATION

Full Legal Name (Print) _____

Home Phone _____

Present Address _____

Cell Phone _____

(City) _____ (State) _____ (Zip) _____

Social Security No. _____

Contact in Case of Emergency _____ (Name) _____ (Telephone Number) _____

If at present address less than one year, please give previous address _____

Are you at least 18 years of age? Yes No (Employment is subject to verification of minimum legal age.)

Can you produce documented proof of your identity and eligibility for employment in the United States? Yes No
(Examples: driver's license, Social Security card, birth certificate, and / or immigration documents)

Position(s) applied for _____ How soon could you start work? _____

Type of employment desired Full-Time Part-Time Temporary/PRN Rate of pay expected _____

What days and hours, if part-time, temp or PRN? Days _____ Hours _____
From () AM to () PM

EDUCATION

Type of School	Name and Address of School	Courses Majored In	Check Last Year Completed	Graduate? Show Degree
Elementary/Middle			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

Have you applied for a job with us before? Yes No

Have you ever worked for us before? Yes No

If yes dates _____ position _____

How did you come to apply? Employee Referral Former Employee Newspaper Ad High School Recruitment
 College Recruitment Walk-In Other _____

Have you ever been bonded? Yes No

Have you ever been refused a bond? Yes No

If yes, state reason and date _____

Have you ever been convicted of a violation of the law except a minor traffic violation? Yes No If yes, state date, court, and place where offense occurred _____

(A conviction will not necessarily disqualify you from employment)

Are you currently excluded from providing services in any federally funded healthcare program including Medicare or Medicaid? Yes No

Have you ever been discharged or requested to resign from a position? Yes No

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

Have you ever held a position of trust (handling money or confidential material)? Yes No

If yes, describe _____

Do you have any reason to believe that you would have difficulty meeting this company's work schedules? Yes No

PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)

1. Name and Address of Most Recent Employer		Date Hired	Telephone No.
Immediate Supervisor (Name & Position)		Date Left	Starting Rate
Job Title & Duties		FT PT PRN (circle one)	Last Rate
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Name and Address of Former Employer		Date Hired	Telephone No.
Immediate Supervisor (Name & Position)		Date Left	Starting Rate
Job Title & Duties		FT PT PRN (circle one)	Last Rate
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Name and Address of Former Employer		Date Hired	Telephone No.
Immediate Supervisor (Name & Position)		Date Left	Starting Rate
Job Title & Duties		FT PT PRN (circle one)	Last Rate
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application.

**PROFESSIONAL REFERENCES
(Do not list relatives or former employers)**

1. Name	Address	Phone
Relationship	Email address	2 nd Phone
2. Name	Address	Phone
Relationship	Email Address	2 nd Phone
3. Name	Address	Phone
Relationship	Email Address	2 nd Phone

Job Applicant's Agreement and Certification

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."

"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures."

"I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time."

"I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

(Signature of Applicant)

(Date)