APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

CONFIDENTIAL

PERSONAL INFORMATION

Date of Application: _____ Date Available: _____

Name: _____
Last First Middle

Present Address: _____ Phone Number: _____
Street City State Zip Code

Permanent Address
(If different than
Present Address): _____ Phone Number: _____
Street City State Zip Code

If you cannot be reached at above phone number: Name of Person: _____ Phone: _____

EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will you accept employment of: O Full Time? O Part Time? O Temporary?

Are you 18 years of age or older? O Yes O No

Are you employed now? O Yes O No

May we contact your present employer? O Yes O No

How did you learn of this opening?

_____

EDUCATION

Highest Grade Completed: O 9 O 10 O 11 O 12 O 13 O 14 O 15 O 16

Scholastic Honors Received: _____

	Name of School	Location (City, State)	Courses Taken	Completed	Type of degree or Certificate Received
High School				O No O Yes	
College				O No O Yes; _____ Date	
Vocational or Business				O No O Yes; _____ Date	
Professional Education				O No O Yes; _____ Date	
Laboratory or X-Ray Training				O No O Yes; _____ Date	

Extracurricular
Activities while in School: _____

Member of
Professional Organizations: _____

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

_____

Were you in the U.S. Armed Forces? O Yes O No If yes, what branch? _____

Dates of Duty: From_____ To_____ Rank at Discharge: _____
Month/Day/Year Month/Day/Year

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verified
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	Dates Employed	Position & Duties
Name _____ Address_____ City/State/Zip_____ Supervisor_____ Phone_____	From To	
Name _____ Address_____ City/State/Zip_____ Supervisor_____ Phone_____	From To	
Name _____ Address_____ City/State/Zip_____ Supervisor_____ Phone_____	From To	
Name _____ Address_____ City/State/Zip_____ Supervisor_____ Phone_____	From To	
Name _____ Address_____ City/State/Zip_____ Supervisor_____ Phone_____	From To	
Name _____ Address_____ City/State/Zip_____ Supervisor_____ Phone_____	From To	

If your former employment references, education, or military service are under a name other than indicated on front of application, please indicate here. _____
Last First Middle Initial

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, including the phone number for each reference.

_____
_____
_____
_____

Do Not Answer Questions In This Area- To Be Completed After Employment

Date of Birth: _____ Marital Status: _____ Sex: O Male O Female Nationality: _____

Number and Ages of Children: _____

Notify In Case of Emergency: _____
Name Relationship

_____
Address- Street City State Zip Code Phone Number

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 ability to perform the work required. No question on this application is intended to secure information 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 part 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 Days and Hours You Are Available For Work (Be Specific)

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.

AVAILABILIY RECORD

Primary position desired: _____

Will you accept another position? O Yes O No

If so, what? _____

Are you available to work:

Weekends?	O Yes	O No
Holidays?	O Yes	O No
Rotating Shifts?	O Yes	O No
On Call?	O Yes	O 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 changes as directed by my department head or Administrator of this institution.

_____ _____

Applicant's Signature Date

This Page For Institution and Interviewer Use Only

INTERVIEWER'S COMMENTS		
Interviewer	**Date**	**Comments**

REFERENCE AND PRIOR EMPLOYMENT CHECK		
Individual Contacted	**Name of Firm**	**Results of Check**

FOR PERSONNEL OFFICE USE

Hired: _____ For what department: _____ Position: _____

Salary: _____ per ○ Year ○ Month ○ Hour Starting Date: _____