

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please print and fill in completely

Position(s) Applied For	Date of Application
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How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other (_____)

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Best time to contact you is: _____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever applied with us before? Yes No If yes, give date: _____

Have you been employed here before? Yes No If yes, give date: _____

Are you related to anyone employed at this facility? Yes No If yes, give name and relationship: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Proof of citizenship or immigration status will be required upon employment. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Date available to work ____/____/____ What is your desired salary range? _____

Time available for work: Full-time (please indicate 1st, 2nd, or 3rd shift)

Part-time (morning, afternoon, or evening)

PRN (please indicate dates available ____/____/____ to ____/____/____)

Do you have a valid driver's license? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a crime? Yes No

When? _____

How many convictions do you have? _____

Any rehabilitation? _____

A criminal record does not constitute an automatic bar to employment and will be treated only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

MUST be completed even if submitted on a resume.

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer 1	Dates		Work Performed
	From	To	
Address			
Telephone Number(s)	Pay Rate/Salary		
	Start	Final	
Title	Supervisor		
Reason for Leaving			
Employer 2	Dates		Work Performed
	From	To	
Address			
Telephone Number(s)	Pay Rate/Salary		
	Start	Final	
Title	Supervisor		
Reason for Leaving			
Employer 3	Dates		Work Performed
	From	To	
Address			
Telephone Number(s)	Pay Rate/Salary		
	Start	Final	
Title	Supervisor		
Reason for Leaving			
Employer 4	Dates		Work Performed
	From	To	
Address			
Telephone Number(s)	Pay Rate/Salary		
	Start	Final	
Title	Supervisor		
Reason for Leaving			

Please continue on a separate sheet of paper should you need additional space.

References

Do not use relatives or employers already listed. Do use someone who has known you for at least one (1) year.

1.	()
Name	Phone
Address (include street, city, state, and zip code)	
2.	()
Name	Phone
Address (include street, city, state, and zip code)	
3.	()
Name	Phone
Address (include street, city, state, and zip code)	

I certify the answers given herein are true and complete.

I understand that consideration for employment is conditional upon the results of a reference check. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment may be considered active for a period of time 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this facility is of an “*at will*” nature, which means that the employee may resign at any time and this facility may discharge employee at any time with or without cause. It is further understood this “*at will*” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this facility specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, I am required to abide by all rules and regulations of this facility.

Also, as a condition of employment, the following may be completed prior to employment:

Criminal History Record	PPD/TB Test	Drug Screen
Employee Medical Questionnaire	Physical	

Signature of Applicant _____

Date