



# APPLICATION FOR EMPLOYMENT

An equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, religion, color, sex, age, national origin, citizenship, marital status, disability, or veteran status. In addition, the company complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

Please print and complete form in detail. Please be specific and fill in all appropriate blanks. All information given will be held in strict confidence.

Position Desired: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Full Time     Part Time     Per Diem    Date available to start: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last                          First                          Middle

Present Address: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street                          City                          State                          Zip                          Years/Months

Previous Address: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street                          City                          State                          Zip                          Years/Months

Telephone #: \_\_\_\_\_

Have you ever worked for this company before:     Yes     No    If yes, please give dates and position: \_\_\_\_\_

Do you have the legal right to work in the United States:     Yes     No    If no, please explain: \_\_\_\_\_

Are you willing and able to work overtime as necessary?     Yes     No    Weekends?     Yes     No    Evenings?     Yes     No

NOTE: A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law. Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In accordance with such laws, all offers are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit documents as are required by law to verify your identification and employment authorization upon employment.

Have you ever plead "guilty" or "no contest" to, or been convicted of, a misdemeanor or fraud?                           Yes                           No

If yes, please give date(s) and details: \_\_\_\_\_

## EDUCATION

Circle the highest school grade completed:

Grade School                          High School                          College                          Business School or Tech Institute  
1 2 3 4 5 6 7 8                          1 2 3 4                          1 2 3 4                          1 2 3

Name	City and State	Years Completed	Date Left	Graduated	Major Subjects or Areas of Concentration
Grade School					
High School					
Business School					
Technical School					
College					
Correspondence School					
Other					

Are you taking any courses now?     Yes     No    If yes, what?

Foreign languages spoken:     Yes     No    If yes, which: \_\_\_\_\_

**EMPLOYMENT RECORD**

Include all previous employers including part time employment, cooperative programs and summer work, beginning with present or most recent employer.

A. Name of Employer B. Business address	Dates employed Mo / Year	A. Position you held B. Name of supervisor	Earnings per hour	Reasons for leaving
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	

**MILITARY RECORD**

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Present military affiliation:  None  Reserve (Active)  Reserve (Inactive)

Kinds of training and duty while in service: \_\_\_\_\_

**PROFESSIONAL / WORK REFERENCES**

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

May we contact your current employer?  Yes  No

Wage salary required: \_\_\_\_\_ Date available: \_\_\_\_\_

SPECIAL SKILLS/ QUALIFICATIONS/CERTIFICATIONS:  BLS  ACLS  PALS  Other \_\_\_\_\_

**PROFESSIONAL LICENSURE OR CERTIFICATION**

Has any certifying and/or licensing agency, authority or board ever initiated sanctions, discipline or denied you a license because of conduct, professional performance or substance abuse?  Yes  No  N/A

If yes, please give date(s) and details: \_\_\_\_\_

OUTSIDE INTERESTS

(Exclude those indicating race, color, religion, sex, national origin, age or handicap)

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PRE-EMPLOYMENT STATEMENT

(Please read carefully and sign the statement below)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the Company's employ.
2. An offer of employment I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer, pre-employment medical examination that the Company may require. I also agree, if employed, to submit to a medical examination at any time at the Company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to the Company.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any such alcohol or drug screening that I may be required to undergo disclosed to the Company.
4. Pursuant to a separate authorization and disclosure statement, in processing my application for employment, the Company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request of the Company, I will be informed whether an investigative consumer report was requested, and will be given full information as to the nature and scope of this investigation.\*
5. I authorize any request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Company, and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, other than the Administrator, CEO, or the Human Resources Manager, has any authority to enter into any agreement with me for employment for any specific period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

INTERNAL USE ONLY

Date: \_\_\_\_\_

Action: \_\_\_\_\_