

APPLICATION FOR EMPLOYEMENT

FACILITY: _____

DATE OF APPLICATION: _____

We are an equal opportunity employer. This company does not discriminate on the basis of age, race, color, religion, creed,, sex, marital status, sexual orientation, national origin, ancestry, Veteran Status, citizenship, physical or mental disability, pregnancy, or any other characteristics protected by applicable estate or federal civil rights laws.

FOR OFFICE USE ONLY: Emp #: _____ Dept #: _____ D.O.H. _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME TELEPHONE #	CELL PHONE #
PRESENT ADDRESS		CITY	STATE	ZIP
PRIOR STREET ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS			SOCIAL SECURITY NUMBER	
NAME AND PHONE NUMBER OF A PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:				

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
Are you available to work <input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON CALL		
(Please check all that apply) <input type="checkbox"/> DAY SHIFT <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT Date available to start: _____		
What interested you in the Company?		
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we inquire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Are you related to or know anyone employed at our facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If so Name and Relationship _____		
Are you able to perform the essential functions of the position for which you have applied with or without reasonable accommodations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you legally authorized to work in the United States? (Proof of identity and legal authority to work in the U.S is a condition of employment)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you at least age 18? (Proof of age and work permits may be required prior to hiring)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a reliable means of transportation to and from work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you ever been in the Armed Forces? Yes No What is your present selective service classification? _____
 Are you presently a member of Reserves or National Guard? Yes No If so when is your enlistment up? _____

EDUCATION

	Name of School	City and State	Major Course of Study	GPA	Degree Received
High School					Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University					Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate School					Yes <input type="checkbox"/> No <input type="checkbox"/>
Other					Yes <input type="checkbox"/> No <input type="checkbox"/>
Extracurricular Activities (You may omit those which indicate your race, color, religion, sex, national origin, ancestry, age or the existence of a disability)					

PROFESSIONAL LICENSES AND/OR CERITFCATIONS

Type	Organization of State Issued	Date Issued	Number	Verification

Type	Organization of State Issued	Date Issued	Number	
Type	Organization of State Issued	Date Issued	Number	

CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted of a crime other than a traffic violation? Yes No

(NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please explain and state the charge, the court the date of the conviction, and the disposition of the case:

OFFENSE	COURT	DATE OF CONVICTION	PENALTY

RECORD OF PREVIOUS EMPLOYMENT/ WORK EXPERIENCE
Please list your jobs in the past five years in chronological order with the most recent listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references DO NOT OMIT ANY EMPLOYER. If applicable, you may list work performed on a voluntary basis. Use additional paper, if necessary or attach a Resume. By using the information below you are giving consent for us to contact your previous employer for your employment history.

Name of Previous Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Weekly Starting Salary	Weekly Final Salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Phone	
Description of Work				
Reason for leaving				

Name of Previous Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Weekly Starting Salary	Weekly Final Salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Phone	
Description of Work				
Reason for leaving				

Name of Previous Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Weekly Starting Salary	Weekly Final Salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Phone	
Description of Work				

Reason for leaving