

APPLICATION FOR EMPLOYMENT

Confidential

(Please Print Clearly)

Personal Information			Date of Application _____	Date Available _____	
Name _____			Social Security Number _____		
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, where may we contact you? Name of Person _____			Phone _____		

Employment Desired			Will You Accept Employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary?
Type of Work Desired	Shift	Salary	Are You 18 Yrs. of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Choice			Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Choice			May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Third Choice			How Did You Learn Of This Opening? _____

Education	Circle Highest Grade Completed	9	10	11	12	Scholastic Honors Received _____
	Grade Completed	13	14	15	16	

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

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

Dates of Duty: From _____ / _____ / _____ To _____ / _____ / _____ Rank at Discharge _____

Month Day Year Month Day Year

Professional Licenses and/or Certifications				Verif.
Type	Organization or State Issued	Date Issued	Number	
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	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

 Last First Middle Initial

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

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.

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

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number and Ages of Children _____

Notify In Case of Emergency:

 Name Relationship

 Street City State Zip Code Telephone

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 to be used 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 party 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)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____ Will you accept another position: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what? _____
	P.M.	P.M.	
Monday	A.M.	A.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	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.
	P.M.	P.M.	
Wednesday	A.M.	A.M.	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 change as directed by my department head or administrator of this institution.
	P.M.	P.M.	
Thursday	A.M.	A.M.	_____ Applicant's Signature
	P.M.	P.M.	
Friday	A.M.	A.M.	_____ Date
	P.M.	P.M.	
Saturday	A.M.	A.M.	
	P.M.	P.M.	

This Page For Institution and Interviewers' Use Only

Interviewers 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 _____