



EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer.
We comply with all applicable state and federal civil rights and
equal employment laws and regulations.

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CD
TELEPHONE NO.			
PERMANENT ADDRESS	CITY	STATE	ZIP CD
TELEPHONE NO.			
POSITION APPLIED FOR			SALARY DESIRED
HOW WERE YOU REFERRED TO THIS FACILITY?			ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> DEPARTMENT:			DATE AVAILABLE FOR WORK:
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? (WHEN?)	ARE YOU 18 YRS OLD OR YOUNGER? YES <input type="checkbox"/> NO <input type="checkbox"/>		WOULD YOU CONSIDER WORKING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:			SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: <small>A felony conviction does not automatically disqualify you from employment.</small>			
AFTER REVIEWING THE FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, DO YOU HAVE ANY PHYSICAL/MENTAL CONDITION THAT WOULD SUBSTANTIALLY LIMIT YOUR ABILITY TO PERFORM THAT JOB? IF YES, EXPLAIN:			

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING: APPROX. WPM					
			SHORTHAND: APPROX. WPM					
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY: <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED				
ELIGIBLE FOR: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION				
IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.

LANGUAGE SKILLS — DO NOT COMPLETE UNLESS REQUESTED

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

PREVIOUS EXPERIENCE

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY <small>Hourly, Monthly or Yearly</small>
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.				

Can we run a detailed employment check, including but not limited to a check, with your previous employers? Yes <input type="checkbox"/> No <input type="checkbox"/> _____				
Please sign here to authorize reference check				

Did you serve in the U.S. Armed Services? Yes No What Branch?

Have you volunteered your time or services? Yes No Where:

Briefly describe duties and skills acquired through volunteer or military service: (include dates)

REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

SIGNATURE

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

Date _____ Signature _____

FOR OFFICE USE ONLY

TO BE COMPLETED AFTER EMPLOYED HIRED? YES NO SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM? REFERENCE #1 DATE REFERENCE #2 DATE REFERENCE #3 DATE

PERSONNEL NOTES (these notes are open to inspection – keep information factual) _____

IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERVIEWER'S SIGNATURE
STARTING DATE <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	COMPLETION OF PROBATION/APPROVED BY DATE
DEPARTMENT COST CENTER	SIGNATURE
POSITION/JOB SITE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> PART TIME <input type="checkbox"/> ROTATION
STARTING SALARY/GRADE DIFFERENTIAL	SHIFT EMPLOYEE NUMBER
NOTIFY IN CASE OF EMERGENCY NAME RELATIONSHIP ADDRESS	TELEPHONE