

State law requires a criminal record check for this type of employment

APPLICATION FOR EMPLOYMENT

(Please print clearly)

Confidential

Personal Information		Date of Application _____		Date Available _____	
Name _____ (Last) (First) (Middle)			Social Security Number _____		
Present Address _____ (Street) (City) (State) (Zip)				Phone Number _____	
Permanent Address (if different than Present address) _____ (Street) (City) (State) (Zip)				Phone Number _____	
If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone Number: _____					
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 years 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: 8 9 10 11 12 13 14 15 16 Scholastic Honors Received: _____					
	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; Date ___/___/___	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; Date ___/___/___	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; Date ___/___/___	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; Date ___/___/___	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____					
Dates of Duty: From: ___/___/___ to ___/___/___ Rank at Discharge _____					
Professional Licenses and/or Certifications					Verification
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	Date Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	_____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	_____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	_____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	_____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	_____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	To	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: _____ 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 pre-employment drug testing, and such future drug testing as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment is contingent on passing the pre-employment drug test.

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? _____ 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 Do you limit your annual earnings due to Social Security or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state what is the maximum amount you wish to earn) _____ 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. _____ 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. _____ (Applicant's Signature) (Date)
	P.M.	P.M.	
Monday	A.M.	A.M.	
	P.M.	P.M.	
Tuesday	A.M.	A.M.	
	P.M.	P.M.	
Wednesday	A.M.	A.M.	
	P.M.	P.M.	
Thursday	A.M.	A.M.	
	P.M.	P.M.	
Friday	A.M.	A.M.	
	P.M.	P.M.	
Saturday	A.M.	A.M.	
	P.M.	P.M.	

This Page for Institution and Interviewer's Use Only

Interviewer's 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	Starting Date _____
Year	
Month	
Hour	