



# Application for Employment

Confidential

This facility does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however its receipt does not imply that the applicant will be employed.

<b>Personal Information</b>	Date of Application _____	Date Available _____
Name: _____	Social Security Number: _____	
Address: _____	Phone Number: _____	

If you can not be reached at the above number, where may we contact you? Name of person: \_\_\_\_\_ Number: \_\_\_\_\_  
 If not a U.S. Citizen, do you have a legal right to work in the U.S.? Yes  No  Immig. No: \_\_\_\_\_

<b>Employment Desired</b>	Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Position Desired</b>	Have you ever been convicted of a felony or within the last five years a misdemeanor which resulted in imprisonment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain fully: _____
<b>Shift</b>	_____
	_____
	Will you accept employment of Full Time?: _____ Part Time?: _____
	Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_ If no, why? \_\_\_\_\_

Education Level	Name of School	Location (City, State)	Courses Taken	Date Completed	Diploma Received
Grammar school					
High School					
College					
Vocational					
Professional Education					

Extracurricular activities while in school: \_\_\_\_\_  
 Member of professional organizations: \_\_\_\_\_  
 Honors received, volunteer, or community service or other qualifications you feel are related to the position for which you are applying: \_\_\_\_\_  
 Have you ever been in the U.S. armed forces? \_\_\_\_\_ What is your present selective service classification? \_\_\_\_\_  
 Are you presently a Member of reserves or National Guard? \_\_\_\_\_ If so when is your enlistment up? \_\_\_\_\_

Professional Licenses and/or Certifications				Verified
License	Organization or state issued	Number	Date issued	

**Employment Record** (List last or present position first)

Employers	Dates employed	Salary range	Position & Duties	Reason for leaving
Name: _____ Address: _____ Supervisors Name: _____	From: _____ To: _____	Starting: _____ End: _____	_____ _____ _____	_____ _____ _____
Name: _____ Address: _____ Supervisors Name: _____	From: _____ To: _____	Starting: _____ End: _____	_____ _____ _____	_____ _____ _____
Name: _____ Address: _____ Supervisors Name: _____	From: _____ To: _____	Starting: _____ End: _____	_____ _____ _____	_____ _____ _____

Please explain all periods of unemployment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If your former employment references, education or military service under a name other than indicated in front of this application, please indicate:

Have you ever been convicted of a crime? \_\_\_\_\_ If so, for what and where? \_\_\_\_\_

Use this space to give us further information which will assist us in placing you, including at least two references not related to you, whom you have known for at least a year. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you consider yourself able to perform all of the duties required by the job(s) for which you are applying for without endangering yourself, other employees or patients? \_\_\_\_\_ If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Martial Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number & Age of children \_\_\_\_\_

List Nature of disability (if any): \_\_\_\_\_  
 \_\_\_\_\_

Person to Notify in Case Of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number \_\_\_\_\_

What languages other than English do you speak? \_\_\_\_\_

I voluntarily give this facility 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 pre-employment physical examination and such future physical examination as may be required by this facility at such times and places as the facility shall designate. I understand that a photograph may be required after employment.

I understand that I will be required to follow the personnel policies and rules of the facility and that infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on the application form.

I further understand that this facility follows the "equal employment opportunity code" and there is no discrimination in the hiring of individuals based on sex, race, religion, age, color, disability, marital status, national origin, ancestry, or physical or mental handicap unrelated to ability to perform the work required.

I understand that if I am employed it will be on a probationary or trial basis for a period of 90 days. Upon Termination I authorize the release of reference information on my work.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**Availability Record**

Primary Position Desired: \_\_\_\_\_

Will you accept another position?  YES  No

If so what? \_\_\_\_\_

Are you Available to work:

Weekends?  YES  NO

Holidays?  YES  NO

Rotating Shifts  YES  NO

Please Indicate Days And Hours You Are Available For Work( Be Specific)

Day	From	To
Monday	A.M. / P.M.	A.M. / P.M.
Tuesday	A.M. / P.M.	A.M. / P.M.
Wednesday	A.M. / P.M.	A.M. / P.M.
Thursday	A.M. / P.M.	A.M. / P.M.
Friday	A.M. / P.M.	A.M. / P.M.
Saturday	A.M. / P.M.	A.M. / P.M.
Sunday	A.M. / P.M.	A.M. / P.M.

Do you have responsibilities that would limit your availability?

Yes  NO If Yes, please explain: \_\_\_\_\_

Do you limit your annual earnings due to Social Security or other reasons?

Yes  NO If Yes, please state what is the maximum amount you wish to earn: \_\_\_\_\_

If your availability changes, it is your responsibility to notify the department head in writing indicating the changes. Such changes will be effective 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 changes as directed by my department or administrator of this facility.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

This Page for Facility and Interviewers' Use Only

Interviewer	Date	Comments

Reference and Prior Employment Check

Individual Contacted	Name of Firm	Results of check

For Personnel Office Use Only

Hired: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_  
 Salary: \_\_\_\_\_ Starting Date: \_\_\_\_\_

**Release Interview**

Type of release:    Resigned                       Released                       On Leave

Attributes Being Rated	Rating				
	Poor	Fair	Average	Good	Excellent
Ability as: _____					
Ability to work in a group:					
Cooperation with others:					
Intelligence: Ability to grasp ideas					
Personality					
Initiative Leadership					
Stability, Dependability, Punctuality					
Character: Integrity, Honesty					
Personal Appearance					
Comments:					