

APPLICATION FOR EMPLOYMENT

(Please Print clearly)

Confidential

Personal Information	Date of Application: _____	Date Available: _____
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Name: _____ Social Security Number: _____
Last First Middle

Present Address: _____ Phone Number: _____

Permanent Address: _____ 2nd Phone Number: _____

if different then present address

If you cannot be reached at above phone numbers, where may we contact you? Name of Person: _____
 Number of Person: _____

Employment Desired	Will you accept employment of: Full time _____ Part time _____
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Position Desired				Are you Employed Now? _____	May we contact your present employer? Yes No If no, Why? _____
First Choice					
Second Choice					
Third Choice					

Are you 18 years of age or older? _____ How did you learn of this opening? _____

Education	Circle Highest Grade Completed 8 9 10 11 12 _____ Scholastic honors Rec'd: _____
	Grade Completed 13 14 15 16 _____

Name of School	Location (City-State)	Course Taken	Date Completed	Diploma, Degree, or Certification Rec'd
Grade School				
High School				
College				
Vocational or Business				
Professional Education				
Labor X-Ray Training				

Extracurricular Activities while in School: _____

Member of Professional Organizations: _____

Honors Rec'd, Volunteer or Community Services 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				
Type	Organization/State Issues	Date Issued	Number	Verified

Employment Record (List most recent employer first)

Present And Former Employers		Dates	Salary	Position/Duties	Reason
Name:		Employed To	Range Starting		For Leaving
Address:					
Supervisor's Name:		From	Ending		
Name:		To	Starting		
Address:					
Supervisor's Name:		From	Ending		
Name:		To	Starting		
Address:					
Supervisor's Name:		From	Ending		
Name:		To	Starting		
Address:					
Supervisor's Name:		From	Ending		
Name:		To	Starting		
Address:					
Supervisor's Name:		From	Ending		

Please explain all periods of unemployment: _____

If your former employment references, education, or military services are under a name other than indicated on front of application please indicate: _____

 Last First Middle Initial

Have you ever been convicted of a crime? _____ If so, 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.

1 _____
 2 _____

Do you consider yourself to be able to perform all of the duties required by the job(s) for which you are making application 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 _____ Marital Status _____ Sex _____ Nationality _____ Number and ages of children _____

List Nature of Disability (if any): _____
 Notify in cases of emergency: _____

 Name Relationship

Number Street City State Zip Code Telephone number

What Language(s) (Other than English) do you speak? _____

This institution does not discriminate in hiring or any other employment decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to the 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 preemployment 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 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.

Date _____ Applicants Signature _____

Availability Record

Primary position desired: _____

Will you accept another position? yes No If so, what? _____

Do you have responsibilities that would limit your availability? Yes No If so, explain: _____

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)

Do you limit your annual earning due to Social Security or other reasons? Yes No

Day	From	To
Sunday	am pm	am pm
Monday	am pm	am pm
Tuesday	am pm	am pm
Wednesday	am pm	am pm
Thursday	am pm	am pm
Friday	am pm	am pm
Saturday	am pm	am pm

If yes, please state 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 further 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 Signature _____

This Page is for Institution and Interviewers' Use Only

Interviewer	Date	Comments

Reference and Prior Employment Check

Individual contact	Name of Firm	Results of Check

For Personnel Office Use

Hired _____	For what department _____	Position _____
Salary _____ per _____	Year Month Hour	Start Date _____