

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

CONFIDENTIAL

This institution 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.

PERSONAL INFORMATION

Date of Application _____ Date Available _____

NAME _____
LAST FIRST MIDDLE

Social Security Number _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS _____
(If Different than Present Address) STREET CITY STATE ZIP CODE

Phone Number _____

If you cannot be reached at above phone number, where may we contact you? _____
 Name of Person _____ Phone _____

Are you a citizen of the U.S.A.? ☐ Yes ☐ No If no, type of visa _____ Immig. No. _____

EMPLOYMENT DESIRED

TYPE OF WORK DESIRED	SHIFT	SALARY
First Choice		
Second Choice		
Third Choice		

WILL YOU ACCEPT EMPLOYMENT OF: FULL TIME? _____ PART TIME? _____

Are You Employed Now? _____ May We Contact Your Present Employer? _____

If No, Why? _____

How Did You Learn of This Opening? _____

Are You 18 Yrs. of Age or Older? _____

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	DIPLOMA, DEGREE OR CERTIFICATE RECEIVED
GRAMMAR OR GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
VOCATIONAL OR BUSINESS				
NURSING EDUCATION				
LABORATORY OR X-RAY TRAINING				

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: _____

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

TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	VERIF.

EMPLOYMENT RECORD (list last or present position first)

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED	SALARY RANGE	POSITION & DUTIES	REASON FOR LEAVING
Name _____	FROM	STARTING		
Address _____	TO	ENDING		
Supervisor's Name _____ Phone _____				
Name _____	FROM	STARTING		
Address _____	TO	ENDING		
Supervisor's Name _____ Phone _____				
Name _____	FROM	STARTING		
Address _____	TO	ENDING		
Supervisor's Name _____ Phone _____				
Name _____	FROM	STARTING		
Address _____	TO	ENDING		
Supervisor's Name _____ Phone _____				

Please explain all periods of unemployment. _____

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? _____ If so, for what, when and where? _____

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 SHADED AREA – TO BE COMPLETED AFTER EMPLOYED

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

Notify In Cases of Emergency:

NAME

RELATIONSHIP

NUMBER

STREET

CITY

STATE

ZIP CODE

TELEPHONE

What Language(s) (Other than English) Do You Speak? _____

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 understand that I will be required to follow the personnel policies and rules of the institution 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 this application form.

I further understand that this institution follows the "fair employment practice code" and there is no discrimination in the hiring of individuals based on sex, race, religion, age, 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 ____ days. Upon my 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
SUNDAY	A.M.	A.M.
	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.

Do you have responsibilities that would limit your availability?

☐ Yes ☐ No If yes, 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 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

THIS PAGE FOR INSTITUTION AND INTERVIEWERS' USE ONLY

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 _____