## 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.

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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.

the release of re	eference information on my	work.	•						
	DATE			APPLICANT'S SIGNATURE					
AVAILABI	LITY RECORD								
Primary position	a desired								
rimary position	r desired			Do you have responsibilities that would limit your availability?					
Will you accep	t another position?	Yes No		Yes No If yes, explain					
If so, what?	Weekends?								
Are you available		☐ Yes         ☐ No           ☐ Yes         ☐ No           ☐ Yes         ☐ No							
PLEA	SE INDICATE DAYS AND H AVAILABLE FOR WORK (E								
DAY	FROM	то		Do you limit your annual earnings due to Social Security or other reasons?					
SUNDAY	A.M.		A.M.	☐ Yes ☐ No					
	P.M.		P.M.	If yes, please state what is the maximum amount you wish to earn					
MONDAY	A.M.		A.M.						
				IF YOUR AVAILABILITY CHANGES, IT IS YOUR RE- SPONSIBILITY TO FILL IN AN "AVAILABILITY CARD"					
	P.M.		P.M.	INDICATING THE CHANGES. SUCH CHANGES WILL BE					
TUESDAY	A.M.		A.M.	EFFECTIVE, THEN, FOR ANY FUTURE EMPLOYMENT.					
	P.M.		P.M.	I UNDERSTAND THAT EMERGENCY CONDITIONS MAY					
WEDNESDAY	A.M.		A.M.	REQUIRE ME TO TEMPORARILY WORK SHIFTS OTHER THAN THE ONE FOR WHICH I AM APPLYING AND					
	P.M.		P.M.	AGREE TO SUCH SCHEDULING CHANGE AS DIRECTED BY MY DEPARTMENT HEAD OR ADMINISTRATOR OF					
THURSDAY	A.M.		A.M.	THIS INSTITUTION.					
	P.M.		P.M.						
FRIDAY	A.M.		A.M.	APPLICANT'S SIGNATURE DATE					
	P.M.		P.M.						
C X TIIDD X Y	A.M.	٠,	A.M.						
SATURDAY	Р.М.		P.M.						
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INTERVIEWER	DATE	COMMENTS	·
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INDIVIDUAL CONTACTED	NAME OF FIRM	RESULTS OF CHECK	
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HiredFor	what department_		Position				
Salaryper	YEAR MONTH HOUR	Starting Date					
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