



Application Date

A Smoke Free/Drug Free Facility / An Equal Opportunity Employer

EMPLOYMENT APPLICATION

(Please Print Clearly)

PERSONAL DATA

Last Name	First Name	Home Phone
Street Address		Cell Phone
City, State, Zip		Business Phone
Position Desired		Date Available to Start
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Other		

EDUCATIONAL DATA

High School	City, State, Zip
Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College	City, State, Zip
Years Completed	Major
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received
Trade, Business or Correspondence School	City, State, Zip
Years Completed	Major
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received
State other education (technical, business school, courses or specialized training) and/or volunteer work which you believe would be helpful for the position for which you are applying.	
Certification (i.e. CNA, CPR, IV)	Certification Number Expiration Date / /
Professional License (pos. appropriate - i.e. RN, Physical Therapist, etc.)	License #
State	ID Number Expiration Date / /

GENERAL INFORMATION

- Are you currently employed? Yes No If yes, where?
- Are you over 18 years of age? Yes No If no, employment is subject to verification of age and possibly obtaining a work permit.
- If employment is offered, can you provide documentation that you are legally authorized to work in the U.S.? Yes No
- Have you ever been convicted of, plead guilty, or plead no contest to a felony? Yes No
(A conviction will not automatically disqualify you from being considered as a candidate for employment.)
 If yes, please explain: _____
- If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements? Yes No N/A
- Are you willing to work overtime and be on call? Yes No N/A
- Have you ever applied for a position with us? Yes No If yes, where? when? _____
- Have you ever been employed by this company or an affiliate? Yes No If yes, where? when? _____
- How were you referred to us? Advertisement Walk-in State Job Service Academic Referral Website
 Employment Agency Personal Referral Employee Referral Name _____ Other _____
- Has your license to practice your professional ever been suspended or revoked? Yes No N/A
 If yes, please explain: _____
- Have you ever been accused, arrested, or found guilty by any government agency of child, patient, resident, or elderly abuse? Yes No
 If yes, please explain: _____
- You have been given a written job description for the position for which you are applying which lists the essential functions of the job. Please read it carefully. Are you able to perform all of the essential functions as set forth in the job description? Yes No
 If no, list the function(s) you are unable to perform or need reasonable accommodation to perform. _____

Start with your present or last job and include any job related military service assignments. If you need additional space, please continue on a separate piece of paper. Please be sure to list all former employers.

A. Company City, State, Zip Position Held Employed from / / to / / Reason for Leaving	Address Phone # () Duties Performed Supervisor
B. Company City, State, Zip Position Held Employed from / / to / / Reason for Leaving	Address Phone # () Duties Performed Supervisor
C. Company City, State, Zip Position Held Employed from / / to / / Reason for Leaving	Address Phone # () Duties Performed Supervisor
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous Employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please identify any exceptions and reason for not contacting	

Give name, address, and telephone number of references who are not related to you and are not previous employers.

A. Name Address Home/Business Phone # ()	Years Acquainted City, State, Zip Occupation
B. Name Address Home/Business Phone # ()	Years Acquainted City, State, Zip Occupation
C. Name Address Home/Business Phone # ()	Years Acquainted City, State, Zip Occupation

This institution does not discriminate in hiring or any other decision on the basis of race, color, creed, religion, sex, sexual orientation, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability. No question on this application is intended to secure information to be used for such discrimination.

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge and that there is no requested information which I have omitted or have failed to include. I also agree that if I provide any false information or intentionally left out requested information, the employer may disqualify me for consideration for employment, and if employed, may result in immediate discharge.

I authorize a thorough investigation, and agree to cooperate in such investigation, of my past employment and activities. I agree to release from all liabilities or responsibilities, all persons, companies and corporations requesting or supplying information. I authorize any person, school, employer or organization to provide information and opinion and release the Company and all such sources from any liability arising from the solicitation or the use of the information.

I understand that this employment application and any other documents of the Company are not contracts of employment. I understand that if employed, my employment is for no definite period of time and that I may terminate my employment relationship with the Company at any time, for any reason, and the Company has the same right. I also understand that no employee or agent of the Company has the authority to offer or enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

If employment is obtained under this application I will comply with all rules and regulations of the Company. I agree to be responsible for Company property and equipment issued to me by the Company until returned to the Company.

I understand that an offer of employment is contingent on passing a physical examination which relates to the essential duties I would be required to perform.

I hereby agree to submit to any lawful drug, alcohol, or other testing which may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including termination.

 Signature of Applicant

 Date