

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name			
Address			
City			
Home Phone	Cell Phone		
Position Applied For		_ Salary Desired	
Would you accept another position? _	Yes	No	
Are you willing to work: Overtime (over 40 hrs/wk) On Call Nights Weekends Holidays Travel When are you available to start? Are you applying for: [] Full time [Yes No	Other Job Skills	WPM (System) No
How were you referred to this organization Do you have any relatives working for If yes, please list their name, position, Have you applied here before?Y Have you ever been employed by this If yes, please list your position, location	this organization? and relationship to yo es No When _ organization? Ye	es No	
Are you willing to provide necessary of United States under the Immigration R Are you older than 18 years of age? If selected for employment are you will Do you have any commitments to another than 18 years of age?	eform and Control Ac YesNo	et of 1986?YesNo	YesNo
Have you ever been convicted of a mis employment but may be considered in If yes, please explain	sdemeanor or felony?	(Note: Criminal convictions are no	ot an absolute bar to

EMPLOYMENT EXPERIENCE: *Start with your most recent job.* Military Service ____Yes ____No If yes, from to Branch of Service Rank ____ Employer Name Address City State Zip Phone Immediate Supervisor Job Title Reason for leaving Dates of Employment: From To Salary or Hourly rate Employer Name Address City State Zip Phone Immediate Supervisor Job Title_____ Reason for leaving_____ Duties Dates of Employment: From To Salary or Hourly rate Employer Name____ Address_____ City___ State Zip Phone Immediate Supervisor Job Title Reason for leaving Duties Dates of Employment: From To Salary or Hourly rate

EDUCATION & TRAINING

Schools/Colleges Attended:			of Years Completed	Did you graduate?	Diploma/ Degree
				_Yes _No	
				_Yes _No	
				_Yes _No	
				_Yes _No	
PROFESSIONAL LICENSI	ES/CERTIFICATIO	NS			
Туре		State Exp. Date		Registration Number	
	·				
Describe any special qualifica	tions for this job:				
May we run an employment c	heck from the employ	ers listed abo	ve?	YesNo	
Has notice been given to prese	ent employer?	Yes	No		
Is any additional information of the second					
REFERENCES: Please do n	ot list relatives or emp	oloyers.			
Name	Title/Occupation				Phone Number

I herby affirm that the information provided on this application and accompanying resume, if any is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the employer, other than the business administrator of the employer, has any authority to enter into any agreement contrary to the forgoing or to make any oral assurance or promise of continued employment to me.

I authorize persons, schools, my current & past employers, and organizations named in this application and

accompanying resume to provide any relevant information that may be required to arrive at an employment decision. EOUAL EMPLOYMENT OPPORTUNITY: We are an Equal Opportunity/Affirmative Action Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, or disability. For Personnel Department Only Remarks _____ Interviewed by _____ Date