



## 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 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Position Applied For \_\_\_\_\_ Salary Desired \_\_\_\_\_

Would you accept another position?  Yes  No

Are you willing to work:

|                           | Yes   | No    |
|---------------------------|-------|-------|
| Overtime (over 40 hrs/wk) | _____ | _____ |
| On Call                   | _____ | _____ |
| Nights                    | _____ | _____ |
| Weekends                  | _____ | _____ |
| Holidays                  | _____ | _____ |
| Travel                    | _____ | _____ |

Indicate applicable work skills:

|                  |  |
|------------------|--|
| Typing           | _____ WPM  |
| Word Processor   | _____ (System)   |
| Transcription    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Job Skills | _____  |
|                  | _____  |

When are you available to start? \_\_\_\_\_

Are you applying for:  Full time  Part time  Temporary  Other \_\_\_\_\_

How were you referred to this organization? \_\_\_\_\_

Do you have any relatives working for this organization?  Yes  No

If yes, please list their name, position, and relationship to you \_\_\_\_\_

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Have you applied here before?  Yes  No When \_\_\_\_\_

Have you ever been employed by this organization?  Yes  No

If yes, please list your position, location, and your dates of employment \_\_\_\_\_

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Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986?  Yes  No

Are you older than 18 years of age?  Yes  No

If selected for employment are you willing to undergo a physical exam and drug screening?  Yes  No

Do you have any commitments to another employer that might affect your employment with us? Please explain \_\_\_\_\_

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Have you ever been convicted of a misdemeanor or felony? (Note: Criminal convictions are not an absolute bar to employment but may be considered in relation to specific job requirements.)  Yes  No

If yes, please explain \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE:** *Start with your most recent job.*

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Military Service \_\_\_ Yes \_\_\_ No                      If yes, from \_\_\_\_\_ to \_\_\_\_\_  
Branch of Service \_\_\_\_\_                      Rank \_\_\_\_\_

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Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

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Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

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Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

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Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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**EDUCATION & TRAINING**

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| Schools/Colleges Attended: | Course of Study | Years Completed | Did you graduate?  | Diploma/Degree |
|----------------------------|-----------------|-----------------|--|----------------|
| _____                      | _____           | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          |
| _____                      | _____           | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          |
| _____                      | _____           | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          |
| _____                      | _____           | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          |

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**PROFESSIONAL LICENSES/CERTIFICATIONS**

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| Type  | State | Exp. Date | Registration Number |
|-------|-------|-----------|---------------------|
| _____ | _____ | _____     | _____               |
| _____ | _____ | _____     | _____               |
| _____ | _____ | _____     | _____               |

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Describe any special qualifications for this job:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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May we run an employment check from the employers listed above?  Yes  No

Has notice been given to present employer?  Yes  No

Is any additional information relative to change in name necessary to check your work history?  Yes  No  
If yes, please explain \_\_\_\_\_

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**REFERENCES:** *Please do not list relatives or employers.*

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| Name  | Title/Occupation | Company /Address | Phone Number |
|-------|------------------|------------------|--------------|
| _____ | _____            | _____            | _____        |
| _____ | _____            | _____            | _____        |
| _____ | _____            | _____            | _____        |

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