

# APPLICATION FOR EMPLOYMENT

## EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

This facility does not discriminate on the basis of race, color, religion, national origin or ancestry, handicap or disability, sex, marital status, obligation to serve in the armed forces of the United States, or citizenship in admission or access to or treatment or employment in its programs and activities. This facility will coordinate efforts to comply with all agencies enforced by EEOC.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_ A.M.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_ P.M.

Position(s) applied for: \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you applying for:  Full-time  Part-time  Temporary  Regular  Summer employment

If seeking part-time work, specify the number of days per week \_\_\_\_\_

How soon will you be available for employment? \_\_\_\_\_

Shift preference (check one)	If preferred shift is unavailable, will you work?	If required, will you work?
Day _____	Day Yes _____ No _____	Saturdays Yes _____ No _____
Evening _____	Evening Yes _____ No _____	Sundays Yes _____ No _____
Night _____	Night Yes _____ No _____	Holidays Yes _____ No _____
		Rotating Shifts Yes _____ No _____

Are you either a U.S. Citizen or an Alien who has the legal right to work in the job(s) for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any felony other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

A felony conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of felony and your subsequent rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been disciplined for resident abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been disciplined for child abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have relatives or friends employed at this company? Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_

Have you ever been employed by this company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates, position, and department employed. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever applied at this company before? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

How were you referred? Newspaper Ad \_\_\_\_\_ Friends/Relative \_\_\_\_\_ Job Fair \_\_\_\_\_ Employee \_\_\_\_\_

Rehire \_\_\_\_\_ Career Day \_\_\_\_\_ Other \_\_\_\_\_

### FOR OFFICE USE ONLY

EMPLOYEE NUMBER \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

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**Beginning with your current or last employer, list the last four positions of employment held by date.**

Name of Employer		Telephone Number
Address	City	State Zip
When may this employer be contacted? _____ Now _____ After Offer of Employment		Name and Title of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Starting Salary	Ending Salary	Reason for Leaving
Duties		

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Address	City	State Zip
When may this employer be contacted? _____ Now _____ After Offer of Employment		Name and Title of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
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Starting Salary	Ending Salary	Reason for Leaving
Duties		

**Granting and continued employment is conditioned upon receipt of favorable references.**

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## RECORD OF EDUCATION

School	Name and Address	Course of Study	Circle Last Year Completed	List Diploma, Degree(s) Obtained
High School			1 2 3 4	
College(s)			1 2 3 4	
			5 6 7 8	
Other				

### LANGUAGE SKILLS: (OTHER THAN ENGLISH)

Please identify other languages that you speak \_\_\_\_\_, Write \_\_\_\_\_

Read \_\_\_\_\_, Including sign language \_\_\_\_\_

Area of specialization or major interest \_\_\_\_\_, Typing approximate WPM \_\_\_\_\_

Shorthand: Approx. WPM \_\_\_\_\_ Word processing:  Yes  No What word processing equipment are you familiar with? \_\_\_\_\_

List business, hospital, or industrial equipment operated \_\_\_\_\_

### PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU:

Currently  Registered No. \_\_\_\_\_  Licensed No. \_\_\_\_\_  Certified No. \_\_\_\_\_

Eligible  Registration  Licensure  Certification

### IF LICENSED, REGISTERED, OR CERTIFIED

Type	No.	State Issued	Date Issued	Expiration

### REFERENCES

(Please complete if only one or no employment references are listed. References should include persons in academic institutions, volunteer organizations, etc. **not** friends, relatives, or clergy.)

Name	Address	Telephone	Relationship

### REFERENCE VERIFICATION

Date Mailed/Called	By Whom
<input type="checkbox"/> Phone <input type="checkbox"/> Mail	

## RECORD INFORMATION RELEASE

### To Whom It May Concern:

I have applied to \_\_\_\_\_ for employment. To enable \_\_\_\_\_  
(Facility Name) (Facility Name)  
to properly evaluate my qualifications, I request and authorize you to release and furnish to \_\_\_\_\_  
(Facility Name)  
any and all information in your records or files, or within your knowledge, concerning my present and/or past employment with you.

I authorize all persons, schools, current employer, previous employers, and organizations named in this application or provided by me to the facility to provide this facility with any relevant information that may be requested by the facility. I also hereby release all parties seeking and providing information from any and all liability or claims for damages whatsoever that may result from this information's release, disclosure, maintenance, or use.

Signature of Applicant	Date
Printed Name of Applicant	Other name(s) while employed
Social Security Number	

**Company Name:** \_\_\_\_\_

In consideration of my employment I agree to conform to all of the rules and regulations of this facility and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either this facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by this facility. I understand that no representative of this facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharge at any time.

As a condition of employment, I hereby consent to testing for drug and alcohol use, as determined to be appropriate by management, either before being hired or at any time during my employment with this facility.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

Date of Birth	Maiden Name (If applicable)		
Person to notify in case of emergency	Relationship		
Address	City	State	Area Code Telephone Number

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