

**APPLICATION FOR EMPLOYMENT**  
(Please Print Clearly)

CONFIDENTIAL

PERSONAL INFORMATION

Date of Application: \_\_\_\_\_ Date Available: \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
Street City State Zip Code

If you cannot be reached at the above phone number, where may we contact you? Name of Person \_\_\_\_\_ Phone# \_\_\_\_\_

EMPLOYMENT DESIRED

Type of work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of Full Time Part Time? Temporary?

Are You 18 years of Age or Older? Yes No

Are You Employed Now? Yes No

Can We Contact Your Current Employer? Yes No

How Did You Learn Of This Opening? \_\_\_\_\_

Scholastic Honors Received \_\_\_\_\_

EDUCATION

Circle Highest 8 9 10 11 12  
 Grade Completed 13 14 15 16

	Name of School	Location-City & State	Courses Taken	Completed	Type of Degree or Certificate Received
Grammar or Grade School				Yes No	
High School				Yes No	
College				Yes Date No / /	
Vocational or Business				Yes Date No / /	
Professional Education				Yes Date No / /	
Laboratory or X-ray Training				Yes Date No / /	

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organization \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualification You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U.S. Armed Forces? Yes No If yes, what branch? \_\_\_\_\_

Dates of Duty From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Month Day Year Month Day Year

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	License# / Certification#	Verification
Type	Organization or State Issued	Date Issued	License# / Certification#	
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Type	Organization or State Issued	Date Issued	License# / Certification#	

EMPLOYMENT RECORD (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone# _____	From: _____  To: _____	Starting: _____  Ending: _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone# _____	From: _____  To: _____	Starting: _____  Ending: _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone# _____	From: _____  To: _____	Starting: _____  Ending: _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone# _____	From: _____  To: _____	Starting: _____  Ending: _____	
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Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone# _____	From: _____  To: _____	Starting: _____  Ending: _____	

If your former employment, references, education, or military service are under a name other than indicated on front of application, please indicate below

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment

Use this space to give us further information, which will assist us in placing you, including at least two personal references not related to you, who you have known at least one year.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Do Not Answer Questions in This Area - To Be Completed After Employment

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number of Children & Ages \_\_\_\_\_

NOTIFY IN CASE OF AN EMERGENCY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

What Language(s) (Other than English) DO you speak? \_\_\_\_\_  
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Employment Understanding (Please Read and Sign)

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

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 consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places which relates to thw essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification form (I-9), and within three days show satisfying evidence of identity and eligibility.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Please Indicate Days and Hours You Are Available For Work (Be Specific)

Day	From	To
SUNDAY	A.M.	A.M.
	P.M.	P.M.
MONDAY	A.M.	A.M.
	P.M.	P.M.
TUESDAY	A.M.	A.M.
	P.M.	P.M.
WEDNESDAY	A.M.	A.M.
	P.M.	P.M.
THURSDAY	A.M.	A.M.
	P.M.	P.M.
FRIDAY	A.M.	A.M.
	P.M.	P.M.
SATURDAY	A.M.	A.M.
	P.M.	P.M.

Availability Record

Primary position desired \_\_\_\_\_;

Will you accept another position? Yes No

If so, what? \_\_\_\_\_

Are you available to work: Weekends? Yes No  
Holidays? Yes No  
Rotating Shifts? Yes No

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Do you limit your annual earnings due to Social Security or other reasons?

Yes No

If yes, please state what is the maximum amount you wish to earn \_\_\_\_\_

\*\*\*\*\*

If your availability changes, it is your responsibility to notify your supervisor indicating the changes. Such changes will be effective then, for any future employment.

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I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This Page For Institution and Interviewers' Use Only

INTERVIEWERS COMMENTS

Interviewer	Date	Comments

References and Prior Employment Check

Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use

Hired _____	For What Department _____	Position _____
Salary _____	per Year / Month / Hour	Starting Date _____