

**Employment Application**  
AN EQUAL OPPORTUNITY EMPLOYER

|  |   |                                    |  |
|--|---|------------------------------------|--|
| <b>Please circle hours / shift you are applying for.</b> | <b>Full-Time</b> <input type="checkbox"/> | <b>AM</b> <input type="checkbox"/> |  |
| <b>Part-Time</b> <input type="checkbox"/>                | <b>PM</b> <input type="checkbox"/>        |                                    |  |
| <b>On-Call</b> <input type="checkbox"/>                  | <b>NOC</b> <input type="checkbox"/>       |                                    |  |

**PERSONAL INFORMATION**

|  |          |                                   |                     |     |
|--|----------|-----------------------------------|---------------------|-----|
| NAME (LAST NAME, FIRST NAME, MIDDLE NAME)  |          |                                   | DATE OF APPLICATION |     |
| ADDRESS  | APT. NO. | CITY                              | STATE               | ZIP |
| HOME PHONE NUMBER  |          | OTHER PHONE NUMBER                |                     |     |
| ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If under 18, hire is subject to verification that you are of minimum legal age.) |          | SOCIAL SECURITY NUMBER (optional) |                     |     |

**DESIRED EMPLOYMENT**

|   |   |                |
|---|---|----------------|
| POSITION  | DATE YOU CAN START  | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO  | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| WHO REFERRED YOU?<br><input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK-IN<br><input type="checkbox"/> STATE EMPLOYMENT AGENCY <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> OTHER _____ |   |                |
| IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR US CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |                |
| CAN YOU PERFORM THE ESSENTIAL FUNCTIONS FOR THE JOB APPLIED FOR AS LISTED IN THE JOB DESCRIPTION, WITH OR WITHOUT REASONABLE ACCOMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(IF NO, DESCRIBE THE ESSENTIAL FUNCTIONS THAT CANNOT BE PERFORMED.)   |   |                |
| IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |                |

**EDUCATION**

| SCHOOL LEVEL               | NAME AND LOCATION OF SCHOOL | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | LIST DEGREE/DIPLOMA OR GED |
|----------------------------|-----------------------------|------------------------|-------------------|----------------------------|
| HIGH SCHOOL                |                             |                        |                   |                            |
| COLLEGE                    |                             |                        |                   |                            |
| VOCATIONAL/BUSINESS SCHOOL |                             |                        |                   |                            |
| HEALTH CARE TRAINING       |                             |                        |                   |                            |

**GENERAL**

|   |
|---|
| SUBJECTS OF SPECIAL STUDY                   |
| SPECIAL TRAINING, CERTIFICATION OR LICENSES |
| SPECIAL SKILLS                              |

**ADDITIONAL QUALIFICATIONS**

|  |                                  |
|--|----------------------------------|
| ARE YOU LICENSED / CERTIFIED FOR THE JOB APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO     | NAME OF LICENSE / CERTIFICATION: |
| ISSUING STATE:   | LICENSE / CERTIFICATION NUMBER:  |
| HAS YOUR LICENSE/CERTIFICATION BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                  |
| IF YES, STATE REASON(S), DATE OF REVOCATION OR SUSPENSION, AND DATE OF REINSTATEMENT?                              |                                  |

**EMPLOYMENT HISTORY**

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER. (List your last 3 employers. If the last three employers do not cover 5 years of employment history, please list the last 5 years of employment history. Attach additional pages if necessary.) DO NOT OMIT ANY EMPLOYERS DURING THIS TIME PERIOD. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE SPACE PROVIDED BELOW.

|   |               |  |     |
|---|---------------|--|-----|
| <b>NAME OF PRESENT OR LAST EMPLOYER</b> |               |  |     |
| ADDRESS                                 | CITY          | STATE  | ZIP |
| STARTING DATE                           | LEAVING DATE  | JOB TITLE  |     |
| INITIAL PAY RATE                        | FINAL PAYRATE | MAY WE CONTACT THIS EMPLOYER? (we will contact past employers to verify previous employment)<br><input type="checkbox"/> YES <input type="checkbox"/> NO |     |
| NAME OF SUPERVISOR                      | TITLE         | PHONE  |     |
| DESCRIPTION OF WORK                     |               |  |     |
| REASON FOR LEAVING                      |               |  |     |

|   |               |  |     |
|---|---------------|--|-----|
| <b>NAME OF PRESENT OR LAST EMPLOYER</b> |               |  |     |
| ADDRESS                                 | CITY          | STATE  | ZIP |
| STARTING DATE                           | LEAVING DATE  | JOB TITLE  |     |
| INITIAL PAY RATE                        | FINAL PAYRATE | MAY WE CONTACT THIS EMPLOYER? (we will contact past employers to verify previous employment)<br><input type="checkbox"/> YES <input type="checkbox"/> NO |     |
| NAME OF SUPERVISOR                      | TITLE         | PHONE  |     |
| DESCRIPTION OF WORK                     |               |  |     |
| REASON FOR LEAVING                      |               |  |     |

|   |               |  |     |
|---|---------------|--|-----|
| <b>NAME OF PRESENT OR LAST EMPLOYER</b> |               |  |     |
| ADDRESS                                 | CITY          | STATE  | ZIP |
| STARTING DATE                           | LEAVING DATE  | JOB TITLE  |     |
| INITIAL PAY RATE                        | FINAL PAYRATE | MAY WE CONTACT THIS EMPLOYER? (we will contact past employers to verify previous employment)<br><input type="checkbox"/> YES <input type="checkbox"/> NO |     |
| NAME OF SUPERVISOR                      | TITLE         | PHONE  |     |

|                     |
|---------------------|
| DESCRIPTION OF WORK |
| REASON FOR LEAVING  |

|   |               |  |     |
|---|---------------|--|-----|
| <b>NAME OF PRESENT OR LAST EMPLOYER</b> |               |  |     |
| ADDRESS                                 | CITY          | STATE  | ZIP |
| STARTING DATE                           | LEAVING DATE  | JOB TITLE  |     |
| INITIAL PAY RATE                        | FINAL PAYRATE | MAY WE CONTACT THIS EMPLOYER? (we will contact past employers to verify previous employment)<br><input type="checkbox"/> YES <input type="checkbox"/> NO |     |
| NAME OF SUPERVISOR                      | TITLE         | PHONE  |     |
| DESCRIPTION OF WORK                     |               |  |     |
| REASON FOR LEAVING                      |               |  |     |

EXPLANATION FOR GAPS IN EMPLOYMENT:

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**MILITARY SERVICE RECORD**

|   |   |
|---|---|
| LIST BRANCH SERVED IN US ARMED FORCES   | LIST REASONS AND NATURE OF DISCHARGE IF OTHER THAN HONORABLE: |
| LIST ANY SPECIAL SKILLS OR ABILITIES OBTAINED AS A RESULT OF SERVICE IN THE US ARMED FORCES |   |

**DRIVING INFORMATION**

COMPLETE THIS ONLY IF THE POSITION YOU ARE APPLYING FOR REQUIRES DRIVING AS AN ESSENTIAL DUTY.

|   |   |
|---|---|
| DO YOU HAVE ANY CURRENT DRIVING RESTRICTIONS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DO YOU HAVE A VALID DRIVER'S LICENSE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, LIST DRIVERS LICENSE NUMBER AND CLASS   | WHAT STATE ARE YOU LICENSED IN?   |
| DO YOU HAVE A CHAUFFEUR'S DRIVERS LICENSE?  |   |
| WHAT DRIVING INFRACTIONS HAVE YOU HAD DURING THE LAST 5 YEARS?  |   |

**CRIMINAL HISTORY**

|   |
|---|
| HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| IF "YES," LIST ALL GUILTY PLEAS & CONVICTIONS, DATE, NATURE OF OFFENSES AND WHERE THEY OCCURRED. (COUNTY & STATE) (PLEASE NOTE: A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT) |

**OTHER**

|   |              |
|---|--------------|
| DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR THIS EMPLOYER?? <input type="checkbox"/> YES <input type="checkbox"/> NO |              |
| If yes, state name(s) and relationship:   |              |
| NAME  | RELATIONSHIP |
| NAME  | RELATIONSHIP |
| NAME  | RELATIONSHIP |

**REFERENCES**

LIST BELOW THREE PERSONS YOU ARE NOT RELATED TO, WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

|   | NAME | PHONE | NATURE OF RELATIONSHIP | YEARS AQUAINTED |
|---|------|-------|------------------------|-----------------|
| 1 |      |       |                        |                 |
| 2 |      |       |                        |                 |
| 3 |      |       |                        |                 |

**AUTHORIZATION AND AGREEMENT**

**Please read carefully, initial each paragraph and sign and date below**

\_\_\_\_\_ I hereby certify I have not intentionally withheld information that may adversely affect my chances for employment and all information provided is true and correct to the best of my knowledge. I further certify I, the undersigned applicant, personally completed this application. I understand any omissions or misappropriations of information provided within this application, or documents used to secure employment, will be grounds for rejection of this application or immediate separation, should an offer of employment be extended, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize employer to thoroughly investigate my references, employment history and work performance, education and other qualifications related to my eligibility for employment. I authorize all references, my current employer and all former employers listed within this application to disclose all letters and / or reports related to my work record without giving me prior notice of such disclosure. I hereby release my current and former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any related to such investigation or disclosure.

\_\_\_\_\_ I understand nothing contained in this application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between me and the employer. In addition, I understand and agree that if I am employed, my employment is for no determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the employer, and that no promises or representations contrary to the foregoing are binding unless made in writing and signed by me and the company's owner.

\_\_\_\_\_ I understand that a job offer, if extended to me, will be contingent upon the successful completion of a criminal history background check, a motor vehicle driving record and any other requirement of the state where the position is located and consistent with applicable law and in compliance with the fair credit reporting act.

\_\_\_\_\_ I understand, if I have any criminal conviction(s) on my record, I am required to provide a copy of the conviction to the community applying, within 7 business days of giving authorization to complete a criminal background check to community. If copy of criminal conviction(s) are not provided candidacy of employment will be withdrawn.

\_\_\_\_\_ I waive receipt of a copy of any public record described in the paragraph above.

**APPLICANT SIGNATURE**

**DATE**

This application will only be used in consideration for the position for which you have applied.  
This application will be considered active for 90 days. This application will be retained for 2 years from date of submission