

## APPLICATION FOR EMPLOYMENT

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

Name: \_\_\_\_\_  

Last
First
Middle

Present Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  

Street
City
State
Zip Code

If you cannot be reached at above phone number: Name of person: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Employment Desired

Type of Work Desired-

1<sup>st</sup> Choice: \_\_\_\_\_ Shift: \_\_\_\_\_ Salary: \_\_\_\_\_  
 2<sup>nd</sup> Choice: \_\_\_\_\_ Shift: \_\_\_\_\_ Salary: \_\_\_\_\_  
 3<sup>rd</sup> Choice: \_\_\_\_\_ Shift: \_\_\_\_\_ Salary: \_\_\_\_\_

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

Highest Grade Completed: \_\_\_\_\_ May we contact your present employer?  Yes  No  
 9  10  11  12  13  14  15  16 How did you learn of this opening? \_\_\_\_\_

	Name of School	Location (City & State)	Courses Taken	Completed <input type="radio"/> Yes <input type="radio"/> No Date: _____	Type of Degree or Certificate Received
High School				<input type="radio"/> Yes <input type="radio"/> No	
College				<input type="radio"/> Yes <input type="radio"/> No Date: _____	
Vocational or Business				<input type="radio"/> Yes <input type="radio"/> No Date: _____	
Professional Education				<input type="radio"/> Yes <input type="radio"/> No Date: _____	
Laboratory or X-Ray Training				<input type="radio"/> Yes <input type="radio"/> No Date: _____	

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

Member of Professional Organizations: \_\_\_\_\_

Honors received, volunteer or community service or other qualifications 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: \_\_\_\_\_

### Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number	Verified
Type	Organization or State Issued	Date Issued	Number	Verified
Type	Organization or State Issued	Date Issued	Number	Verified
Type	Organization or State Issued	Date Issued	Number	Verified

# Employment Record

**Present and Former Employers**

**Dates Employed**

**Position & Duties**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_

From: \_\_\_\_\_  
 To: \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_

From: \_\_\_\_\_  
 To: \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_

From: \_\_\_\_\_  
 To: \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_

From: \_\_\_\_\_  
 To: \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_

From: \_\_\_\_\_  
 To: \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_

From: \_\_\_\_\_  
 To: \_\_\_\_\_

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

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate it here. \_\_\_\_\_

Last

First

Middle Initial

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, whom you have known at least one year, including the phone number for each reference. \_\_\_\_\_

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

## 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 as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the 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 also 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 satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_

Applicant's 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.

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

On Call?             Yes       No

*If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.*

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 the Administrator of this institution.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_