



EMPLOYMENT APPLICATION

Please Print

Date: _____

Name: _____
Last First Middle

Business Telephone: _____ Home Telephone: _____

Social Security #: _____

Present Address: _____

Permanent Address if different from present: _____

Employment Desired

Position applying for: _____

Are you applying for:

Regular Full-time work? Yes No

Regular Part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time would you be available?

From: _____

Are you available on the weekends? Yes No

Are you available to work evening hours? Yes No

Would you be able to work overtime, if necessary? Yes No

If hired, on what date could you start work? _____

Salary desired: _____

Are you currently employed? Yes No May we contact your current employer? Yes No

Are you legally able to work in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Who referred you to this company: _____

Employment Agency Newspaper Advertising Friend State Employment Office

College Placement Service Walk-in Other: _____

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	# of Years completed	Did You Graduate?	Degrees or Diplomas
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Healthcare			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Many of our patients/ clients do not speak English. Do you speak, write, or understand any foreign languages?
 Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you believe make you especially suited for work at this company? If so, please explain.

Answer the following questions if you are applying for a professional position.

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____ License/certification: _____

Has your license/ certification ever been revoked or suspended? Yes No

If yes, state the reason(s), date of revocation or suspension and data of reinstatement:

FORMER EMPLOYERS

Name of Employer: _____

Address: _____

Type of business: _____

Telephone # : _____ Supervisor's Name: _____

Your position or duty: _____

Date of Employment: From: _____ To: _____
Weekly Pay: Starting: _____ End: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

Type of business: _____

Telephone # : _____ Supervisor's Name: _____

Your position or duty: _____

Date of Employment: From: _____ To: _____
Weekly Pay: Starting: _____ End: _____

Reason for Leaving: _____

Note: Attach additional page(s) if necessary.

REFERENCES

Below give the names of three persons (professional) you are not related to, whom you have known at least one year.

Name	Address	Years Acquainted	Relationship
1.			
2.			
3.			

SERVICE RECORD

Branch of Service: _____

Discharge Date: _____ Rank: _____

Have you been convicted of a felony within the last 5 years? Yes No

If yes, explain (this will not necessarily exclude you from consideration): _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

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

Applicant's Signature: _____ Date: _____