

# Application for Employment

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, partner preference, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

***(PLEASE PRINT)***

Position(s) Applied For	Expected Salary	Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address <i>Number</i> <i>Street</i> <i>City</i> <i>State</i> <i>ZipCode</i>		
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes       No

Have you ever filed an application with us before?  Yes       No  
 If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes       No  
 If yes, give date \_\_\_\_\_

Are you currently employed?  Yes       No

May we contact your present employer?  Yes       No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes       No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?  Yes       No

Can you travel if a job requires it?  Yes       No

Have you been convicted of a felony?  Yes       No

*Conviction will not necessarily disqualify an application from employment.*

If yes, please explain \_\_\_\_\_

Have you been or are you currently a party to any litigation?  Yes       No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

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Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe \_\_\_\_\_

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Are you physically or otherwise unable to perform the duties of the job for which you are applying?  
 \_\_\_ Yes      \_\_\_ No

**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>Employer</b>	Dates of Service	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary (Starting and Final)	
Job Title	Supervisor	
Reason for Leaving		
<b>Employer</b>	Dates of Service	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary (Starting and Final)	
Job Title	Supervisor	
Reason for Leaving		
<b>Employer</b>	Dates of Service	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary (Starting and Final)	
Job Title	Supervisor	
Reason for Leaving		
<b>Employer</b>	Dates of Service	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary (Starting and Final)	
Job Title	Supervisor	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Emergency Contact Information

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

### Notice to Applicant:

As a matter of policy, all of our employees require a criminal background check and a tuberculin test. In addition, our company asks its employees to be available for periodic drug checks. By virtue of your signature below, you are in agreement with the above requirements and policies for the benefit of our employees and residents.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_

Signature of Applicant	Date
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**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Remarks	_____			
	_____			
	_____ Interviewer	_____ Date		
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment	_____
Job Title	_____		Department	_____
Hourly Rate/Salary	_____			
By	_____			_____
	Name and Title		Date	

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