

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> <input type="checkbox"/> Advertising Agency	<input type="checkbox"/> <input type="checkbox"/> Friend
<input type="checkbox"/> <input type="checkbox"/> Employment Agency	<input type="checkbox"/> <input type="checkbox"/> Inquire
	<input type="checkbox"/> <input type="checkbox"/> Other _____
	<input type="checkbox"/> <input type="checkbox"/> Relative

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		

Best time to contact you at home is:	____:____	AM PM
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Do any of your friends or relative, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state name, relationship and location		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work ___/___/___	What is your desired salary range?	

Are you available to work:	<input type="checkbox"/> Full Time (Please indicate 1 2 3 shift) <input type="checkbox"/> <input type="checkbox"/> Part Time (Please indicate Mornings Afternoon Evenings) <input type="checkbox"/> <input type="checkbox"/> Temporary (Please indicate dates available ___/___ - ___/___)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain _____		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK 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, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Salary		
	From	To	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Salary		
	From	To	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Salary		
	From	To	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

List professional, trade, business or civic activities and offices held.

ADDITIONAL INFORMATION

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> PC <input type="checkbox"/> MS Office <input type="checkbox"/> Telephone	<input type="checkbox"/> CNA <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Home Health	_____ Other
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State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

PERSONAL/PROFESSIONAL REFERENCES *Do no include family members or past supervisors*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

I certify that answers given herein are true and complete.

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which mean that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

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

