

EMPLOYMENT APPLICATION

Name _____ Social Security Number _____
 Address _____
 City _____ State _____ Zip/Postal Code _____
 Home Phone (____) _____ Business Phone (____) _____
 Position Applied for _____
 Date Available for Employment _____ Salary Desired _____

Are you willing to work:

	Yes	No
Overtime (over 40 hrs./wk)	___	___
On call	___	___
Rotating shifts	___	___
Nights	___	___
Weekends (Sat./Sun.)	___	___
Holidays	___	___
Travel	___	___

Are you applying for ___ full time ___ part time ___ temporary
 How were you referred to this organization? _____
 Do you have any relatives working for this organization? ___ Yes ___ No
 If yes, name _____ Relationship _____
 Department _____
 Have you ever been employed by this organization? ___ Yes ___ No
 If yes, position _____sd_____ Department _____ from _____ to _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform Control Act of 1986? ___ Yes ___ No

After reviewing the function of the job for which you are applying, do you have any physical/mental condition(s) that would limit your ability to perform the job? ___ Yes ___ No.
 If yes, please explain and note any necessary accommodations. _____
 Have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment but are reviewed as related to the relevancy of the job for which you have applied.) ___ Yes ___ No
 If yes, please explain. _____

School: Name and Address	Course of Study	Circle last year completed	Did you graduate?	Diploma/ Degree
High School		1 2 3 4	Yes ___ No ___	
College		1 2 3 4	Yes ___ No ___	
College		1 2 3 4	Yes ___ No ___	
Technical, Business or Professional		1 2 3 4	Yes ___ No ___	

Professional Licenses/certifications

Type	State	Exp. Date	Registration Number

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.	FROM	TO	Immediate Supervisor	Last Salary - Hourly, Monthly or Yearly

Previous Experience

Job Title _____

Employer name, address and phone number _____

Duties _____

Reason for leaving _____

Job Title _____

Employer name, address and phone number _____

Duties _____

Reason for leaving _____

Job Title _____

Employer name, address and phone number _____

Duties _____

Reason for leaving _____

May we run an employment check from the employers listed above? Yes No

Is any additional information relative to change in name necessary to check your work history? Yes No

If yes, please explain _____

References

Please list references (not relatives or employers) to contact who are acquainted with your work history

Name	Title/Occupation	Company/Address	Phone Number

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, seminars, etc.

Remarks

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the employer other than the chief executive officer of the employer has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance of promise of continued employment to me.

I authorize persons, schools, my current employer(if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature _____ Date _____