

SANCTIONS CHECKS, SEX OFFENDER/CHILD PREDATOR CHECK,
 DRUG SCREEN AND CRIMINAL BACKGROUND WILL BE DONE BEFORE HIRE.

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY -- WRITE CLEARLY -- ANSWER ALL QUESTIONS

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT
 BECAUSE OF RACE, COLOR, CREED, AGE, SEX, MARITAL STATUS, NATIONAL
 ORIGIN, PHYSICAL HANDICAP, OR MEDICAL CONDITION.

NAME OF EMPLOYEE	(LAST NAME) (FIRST NAME) (MIDDLE NAME)			APPLICATION DATE	
	CURRENT ADDRESS (NUMBER & STREET)		HOME PHONE	PHONE NUMBER FOR MESSAGE	
	CITY, STATE, & ZIP		SOCIAL SECURITY NO.		
EMPLOYMENT DESIRED	FIRST CHOICE EXPERIENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		SECOND CHOICE EXPERIENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	HAVE YOU WORKED FOR US BEFORE? (IF YES, STATE DATE LEFT) YES <input type="checkbox"/> NO <input type="checkbox"/>		WILL YOU ACCEPT PART TIME WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	HAVE YOU WORKED FOR US BEFORE UNDER ANOTHER NAME? (IF YES, STATE NAME) YES <input type="checkbox"/> NO <input type="checkbox"/>		WILL YOU ACCEPT TEMPORARY WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>		
		SHIFT OR HOURS YOU CAN WORK 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/>		OTHER	
CITIZENSHIP		U.S. MILITARY SERVICE		STATEMENT OF HEALTH	
ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/> PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 ALL APPLICANTS, UPON BEING MADE AN OFFER OF EMPLOYMENT MUST PRODUCE DOCUMENTS, WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT, ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT) VERIFYING UNDER OATH, YOUR EMPLOYMENT AUTHORIZATION.		HAVE YOU SERVED IN THE U.S. MILITARY? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE LIST JOB-RELATED SKILLS OR EXPERIENCE.		CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING SAFELY? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN: ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION AT OUR EXPENSE IF THE NATURE OF THE JOB YOU HAVE APPLIED FOR REQUIRES ONE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PERSONAL	HAVE YOU, SINCE THE AGE OF 18, EVER BEEN CONVICTED OF FELONY? IF YES, EXPLAIN -- GIVE DATES YES <input type="checkbox"/> NO <input type="checkbox"/>			NOTE: A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.	
	HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM A JOB? IF YES, EXPLAIN -- GIVE DATES YES <input type="checkbox"/> NO <input type="checkbox"/>				
	HAVE YOU ANY HOBBIES OR INTERESTS, OR BELONG TO ANY CLUB, ORGANIZATION, SOCIETY OR PROFESSIONAL GROUP WHICH HAS A DIRECT BEARING ON YOUR QUALIFICATION FOR THE JOB WHICH YOU ARE SEEKING? YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX OR AGE. YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN				
EDUCATION	NAMES	COMPLETE ADDRESSES OF SCHOOLS	ACADEMIC MAJOR	NUMBER OF YEARS ATTENDED	DIPLOMA?
	LAST ELEMENTARY SCHOOL				
	LAST HIGH SCHOOL				
	JR COLLEGE, COLLEGE, OR UNIVERSITY				
	TECHNICAL OR VOCATIONAL SCHOOL				
OTHER DETAILS OF EXPERIENCE OR TRAINING, INCLUDING INFORMATION ON ADULT EDUCATION PROGRAMS WHICH HAVE A DIRECT BEARING ON THE JOB WHICH YOU ARE SEEKING?		SCHOOL	COURSE	DIPLOMA OR CERTIFICATE?	DATE COMPLETED

REFERENCES	GIVE NAME(S) OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION.				
	NAME		OCCUPATION		ORGANIZATION
			PHONE		ADDRESS
	NAME		OCCUPATION		ORGANIZATION
			PHONE		ADDRESS
	NAME		OCCUPATION		ORGANIZATION
			PHONE		ADDRESS

EXPERIENCE				GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS UNEMPLOYED DURING PAST TEN YEARS. START WITH MOST RECENT EMPLOYMENT. GIVE U.S. EXPERIENCE ONLY.				
LAST EMPLOYMENT FIRST				EMPLOYER'S NAME, ADDRESS, TELEPHONE NUMBER		LAST SALARY AND POSITIONS(S) HELD	REASON FOR LEAVING	VERIF.
FROM		TO						
MO.	YR.	MO.	YR.	EMPLOYER		SALARY		
				NO. & STREET		POSITION		
				CITY, STATE, & ZIP		PHONE	SUPERVISOR	
				EMPLOYER		SALARY		
				NO. & STREET		POSITION		
				CITY, STATE & ZIP		PHONE	SUPERVISOR	
				EMPLOYER		SALARY		
				NO. & STREET		POSITION		
				CITY, STATE & ZIP		PHONE	SUPERVISOR	
				EMPLOYER		SALARY		
				NO. & STREET		POSITION		
				CITY, STATE & ZIP		PHONE	SUPERVISOR	
				EMPLOYER		SALARY		
				NO. & STREET		POSITION		
				CITY, STATE & ZIP		PHONE	SUPERVISOR	

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		LIST OFFICE MACHINES YOU CAN USE		NOT APPLICABLE <input type="checkbox"/>		TYPING SPEED WPM	SHORTHAND SPEED WPM
PLEASE LIST WHAT OTHER EQUIPMENT YOU CAN OPERATE:				NOT APPLICABLE <input type="checkbox"/>		CAN YOU TRANSCRIBE DR'S ORDERS?	
				REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NOT APPLICABLE	
				REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
				SET UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
				SET UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
				SET UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS				VERIF.
TYPE	STATE ISSUED		DATE	NO.
TYPE	STATE ISSUED		DATE	NO.
TYPE	STATE ISSUED		DATE	NO.

AREA OF SPECIALIZATION OR MAJOR INTEREST:

AFFIDAVIT I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omission of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employers, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand an offer of employment may be conditioned on results of a medical examination. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer. Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.

Signed _____ Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER – A COPY OF THIS APPLICATION IS AVAILABLE TO YOU ON REQUEST.

APPLICANT – PLEASE DO NOT USE THIS SPACE		INTERVIEWED BY		DATE		TIME		RATED BY		DATE		TIME	
DISPOSITION	POSITION TITLE	POSTION CODE	DEPARTMENT	RATE	SHIFT	STARTING DATE	SUPERVISOR						