

EMPLOYMENT APPLICATION

WE ARE AN *EQUAL OPPORTUNITY* EMPLOYER

NAME: _____ **DATE:** _____
LAST FIRST MI

ARE YOU 18 YEARS OF AGE OR OLDER? ☐ YES ☐ NO DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ HOME PHONE: _____ CELL PHONE: _____

CURRENT ADDRESS: _____

PRIOR ADDRESS: _____

APPLICANT NOTE: This application form is for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements on documents related to U.S. employment eligibility. The company reserves the right to determine an applicant's eligibility for employment or termination of employment while governed by state and federal statutes regarding equality without discrimination of sex, creed, race, natural origin, religious preference or disability. Reasonable accommodation may be available to persons otherwise able to fulfill job responsibilities.

AVAILABILITY: For which position are you applying? _____

Professional License Number (If applicable) _____ Expiration Date: _____

What date can you start? _____ What category would you prefer? ☐ Full Time ☐ Part Time ☐ Temporary

For which schedule are you available?

EDUCATION: Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16+

NAME	CITY/STATE	GRADUATE?	
High School:		YES	NO
College:		YES	NO
Trade, Business or Correspondence:		YES	NO
Other:		YES	NO

List any job-related, military training, experience or related courses of study:

EXPERIENCE: Provide information regarding your three most recent employers.

Employer #1:				Employer #2:				Employer #3:			
Address:				Address:				Address:			
City, State, Zip:				City, State, Zip:				City, State, Zip:			
Telephone:				Telephone:				Telephone:			
Supervisor:		May we contact?		Supervisor:		May we contact?		Supervisor:		May we contact?	
Dates Employed		Salary/Pay Rate		Dates Employed		Salary/Pay Rate		Dates Employed		Salary/Pay Rate	
Start:	End:	Start:	End:	Start:	End:	Start:	End:	Start:	End:	Start:	End:
Position/Duties:				Position/Duties:				Position/Duties:			

SECURITY In which state have you lived in the past seven years? _____

Have you used any names or social security numbers other than those on page one? Yes No

If yes, please list: _____

Have you ever been convicted, fined, imprisoned, placed on probation or given a suspended sentence by any court, including court martial, or have forfeited bail in connection with any offense? Do not include: (1) juvenile offenses if the record has subsequently been sealed by court order; (2) traffic violations unless an issuance of a warrant resulted. [] Yes [] No

Criminal convictions do not necessarily bar the applicant from employment. If yes, give the following information for each offense:

OFFENSE & DATE	CITY/STATE	SENTENCE &/OR DISPOSITION

REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE/EMAIL	RELATIONSHIP/YEARS KNOWN

QUALIFICATIONS Include a combination of education, experience and other personal abilities you feel make you qualified for the position):

- [] I am familiar with the mental and physical requirements of the job for which I am applying.
[] I certify that I am able to perform the tasks required (with or without accommodation) in the job for which I am applying.
[] I request the following accommodation to explain, demonstrate or continue the employment application process:

CERTIFICATON AND RELEASE: I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to: criminal history and motor vehicle records, NAR/EMR if appropriate, OIG state and federal. I release all persons, schools, companies and law enforcement authorities from any liabilities for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I understand by signing this form, I agree to abide by agency policies and procedures while under agency employment.

Signed:	Date:
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The agency is an equal employment opportunity employer dedicated to an employment policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

**This application will remain active for 45 days.
If you desire continued consideration for employment,
you may reapply after that time.**