



Application for Employment

We are an Equal Employment Opportunity Employer

IDENTIFICATION	Last Name		First Name		Middle Name		Preferred Name	
	Street Address				City		State Zip code	
	Email Address				Cell Phone		Home Phone	
	How did you hear about our Company?				Were you referred to the Company? If yes, by whom? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you have any relatives that work for our Company? If yes, please list name and relation? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever worked for our Company? If so, when: <input type="checkbox"/> Yes <input type="checkbox"/> No			

POSITION	Primary Position Desired		Secondary Position Desired		Salary Desired		When are you able to start?	
	What is your availability to work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, Number of Hours _____				What shift are you available? <input type="checkbox"/> Morning Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift			
	Available to work overtime (if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a reliable means of transportation to/from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL	If hired, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you furnish proof of your age? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Education List name and location.				Grade/Years Completed		Graduated?		Major	
	High School/GED				9 10 11 12				N/A	
	College/Junior College				1 2 3 4					
	Graduate School				1 2 3 4					
	Business/Trade School				1 2 3 4					
	Military Have you ever served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide skills acquired relevant to the position desired:				If yes, which branch and final rank?		If yes, provide dates of service			
Skills List any foreign languages that you know _____ <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write					Software Skills <input type="checkbox"/> Excel <input type="checkbox"/> Windows <input type="checkbox"/> Kronos <input type="checkbox"/> PointClickCare <input type="checkbox"/> Word <input type="checkbox"/> Internet <input type="checkbox"/> Other _____					

ADDITIONAL INFORMATION	Have you ever used any other name than you are currently using? If yes, please list all names used:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	As an employee, have you ever been involuntarily discharged or asked to resign? If yes, please explain in detail:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you able to perform the job function essentials of the position for which you are applying, with or without accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If required, are you willing to have a pre-employment physical and/or drug test?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

An affirmative answer to any of these question may not necessarily disqualify you from consideration of employment



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List all Licenses, Certifications and Professional Designations Earned				
Type	State	License Number	Name on License	Expiration Date

List the last two (2) employers beginning with the most recent/current				
Name		Address - including city, state and zip code		
Telephone	Supervisor Name/Title	Employed From Month ____ Year ____	Employed To Month ____ Year ____	
Final Job Title	Work Performed	Reason for Leaving		
Name		Address - including city, state and zip code		
Telephone	Supervisor Name/Title	Employed From Month ____ Year ____	Employed To Month ____ Year ____	
Final Job Title	Work Performed	Reason for Leaving		

REFERENCES			
Name	Position and Company	E-Mail Address	Telephone Number
Name	Position and Company	E-Mail Address	Telephone Number
Name	Position and Company	E-Mail Address	Telephone Number

I certify that the information provided in the Application for Employment is true, accurate and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal of employment. I understand the acceptance of an offer of employment does not create a contractual obligation upon the employer to hire me or to continue to employ me in the future or for any duration.

_____ Printed Name

_____ Signature

_____ Date