



Application for Employment

PERSONAL INFORMATION

Name: _____ S.S.N. ____ -- ____ --
Last First M.I.

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Other Phone Number: _____ Pager: _____

If you can not be reached at the above phone numbers, where may we contact you? _____

Email: _____

Name of Person _____

EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary	How did you learn of this opening? _____
1st Choice:			
2nd Choice:			

If under 18 years of age, do you have a work permit? Yes No

Will you accept employment of: Full-time Part-time Date Available: _____

EDUCATION / TRAINING

School	Name and Address of School	Did you graduate?	Degree / Certification Received
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /	

College	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /	

Specialized Training (Lab / X-Ray) _____

Extracurricular activities while in school: _____

Area(s) of Specialization or Major Interest(s): _____

Professional Organization Membership, Honors Received, Volunteer or Community Service, or other Qualifications related to the position for which you are applying: _____

PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

Type	Organization or State Issued	Number	Date Issued
1			/ /
2			/ /
3			/ /

MILITARY RECORD

Branch of Service	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty
			/ /	

Service Awards, Commendations & Specialized Training: _____

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company's Name:	_____	Phone:	_____
Address:	_____	_____	_____
	Street	City	State Zip Code
Your Immediate Supervisor's Name & Title:	_____		
Dates Employed:	Your Position Title:	_____	
From: _____		Starting Salary: \$	_____
To: _____		Ending Salary: \$	_____
Job Description & Responsibilities:	_____		

May we contact for reference? Yes No

Company's Name:	_____	Phone:	_____
Address:	_____	_____	_____
	Street	City	State Zip Code
Your Immediate Supervisor's Name & Title:	_____		
Dates Employed:	Your Position Title:	_____	
From: _____		Starting Salary: \$	_____
To: _____		Ending Salary: \$	_____
Job Description & Responsibilities:	_____		

May we contact for reference? Yes No

Company's Name:	_____	Phone:	_____
Address:	_____	_____	_____
	Street	City	State Zip Code
Your Immediate Supervisor's Name & Title:	_____		
Dates Employed:	Your Position Title:	_____	
From: _____		Starting Salary: \$	_____
To: _____		Ending Salary: \$	_____
Job Description & Responsibilities:	_____		

May we contact for reference? Yes No

Company's Name:	_____	Phone:	_____
Address:	_____	_____	_____
	Street	City	State Zip Code
Your Immediate Supervisor's Name & Title:	_____		
Dates Employed:	Your Position Title:	_____	
From: _____		Starting Salary: \$	_____
To: _____		Ending Salary: \$	_____
Job Description & Responsibilities:	_____		

May we contact for reference? Yes No

REFERENCES			
List Three (3) References who are not relatives or former employers.			
Name & Relationship	Title	Company Name & Address	Telephone
1			
2			
3			

CRIMINAL CONVICTION(S)
 Conviction of a criminal offense will NOT necessarily preclude your employment.

Have you ever been convicted of a crime? Yes No
 If so, for what, when and where? _____

Use this space to give us further information which may assist us in hiring you. _____

AVAILABILITY INFORMATION

Please circle the shifts you are available for each day.

DAY	SHIFT		
MON	DAY	EVE	NOC
TUE	DAY	EVE	NOC
WED	DAY	EVE	NOC
THU	DAY	EVE	NOC
FRI	DAY	EVE	NOC
SAT	DAY	EVE	NOC
SUN	DAY	EVE	NOC

Are you available to work:
 Holidays Yes No
 On Call Yes No
 Swing Shift Yes No
 Doubles Yes No

Are you willing to travel out of state?
 Yes No

What is your traveling radius outside your hometown?
 _____ miles

Do you limit your annual earnings due to Social Security or other reasons? Yes No
 If yes, please state what is the maximum amount you wish to earn. \$ _____

I understand that emergency conditions may require me to temporarily work shifts other than the one(s) for which I am applying and agree to such scheduling change as directed by my manager of this corporation.

_____ Applicant's Signature _____ Date

This corporation does NOT discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this corporation the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this corporation at such times and places as the corporation shall designate. I understand that a offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

_____ Applicant's Signature _____ Date