

Employment Application



Personal Information

Today's Date _____

Name _____
Last First MI

Home Phone # _____ Cell Phone # _____

Current Address _____
Street City State Zip

Email address _____

Are you eighteen (18) years or older? Yes No

Position applying for _____

Date you can start _____ Salary desired _____

In filling out this application, we are trying to verify your qualifications for employment. False or misleading answers during the interview and on this form are grounds for immediate dismissal, so answer completely and accurately. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. Testing of job related skills and/or drug testing may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to complete a medical history form. Employment is contingent on satisfactory results on the pre-employment drug screen.

Education and Training

High School _____

College _____

Trade, Business, or
Correspondence School _____

Volunteer Work _____

Certificate/License Number (if applicable) _____

Do you understand the requirements of the job in which you are applying?

Yes _____ No _____

Can you perform the requirements of this job with or without reasonable accommodation?

Yes _____ No _____

Schedule Preference

What category do you prefer:

Fulltime _____

Part-time _____

Temp On Call _____

Which schedule do you prefer:

Day Shift _____

Eve Shift _____

Night Shift _____

Weekend _____

Other _____

Work Schedule Limitations: _____

Background Information

Have you ever been investigated for abuse and neglect? Yes _____ No _____
If yes, please describe below.

Have you ever been convicted of a crime, other than a minor traffic offense, i.e. speeding?

Yes _____ No _____

If yes, please describe below.

Date	City/State	Circumstances	Result
------	------------	---------------	--------

A conviction will not automatically disqualify you from consideration for employment. Rather, any employment decision will be based on the particular crime for which you were convicted, how long ago you were convicted, any relevant intervening developments and the nature of the employment position for which you have applied. Please give all facts and relevant information so that an informed decision may be made. This job is contingent on the Department of Health and Human Services check for Adult and Child Abuse being returned with no adverse findings.

Prior Employment

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, please be clear on how to reach contact persons.

May we contact your current employer? Yes No

1) *Most Recent Employer:*

Company Name _____

City

State

Zip Code

Phone #

Dates Employed _____ to _____ Job Title _____

Revised: 1/31/17

Supervisor's Name _____

Duties _____

Salary \$ _____ per _____

Reason for leaving _____

2) *Second Most Recent Employer:*

Company Name _____

City State Zip Code Phone #

Dates Employed _____ to _____ Job Title _____

Supervisor's Name _____

Duties _____

Salary \$ _____ per _____

Reason for leaving _____

3) *Third Most Recent Employer:*

Company Name _____

City State Zip Code Phone #

Dates Employed _____ to _____ Job Title _____

Supervisor's Name _____

Duties _____

Salary \$ _____ per _____

Reason for leaving _____

Personal References

List three (3) references other than past employers who will be called:

	Name	Relationship	Years Known	Phone #
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Work Authorization

Are you authorized to work in the United States? Yes _____ No _____

Federal law requires that you provide documentation or evidence and a sworn statement of your citizenship or work authorization if you are hired.

Acknowledgement

I have read and do agree with this form that the answers given by me to the previous questions and the statements made by me are complete and true. I understand that any false information, omissions, or misrepresentation of facts may result in denial of employment or immediate termination of employment if discovered at a later date. I authorize the company and/or agent to verify all information and authorize all authorities to release any information concerning my background and release them from liability for any damage. I also understand that use of illegal drugs is prohibited during employment. As company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

DO NOT WRITE BELOW THIS LINE

Application verified by:

Signature of Company Representative

Date