

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CD
TELEPHONE NO.			
PERMANENT ADDRESS	CITY	STATE	ZIP CD
TELEPHONE NO.			
DO YOU FORSEE ANY PHYSICAL/MENTAL HANDICAP THAT WOULD SUBSTANTIALLY LIMIT YOUR ABILITY TO PERFORM THE JOB YOU ARE APPLYING FOR? IF YES, EXPLAIN:			

POSITION APPLIED FOR	SALARY DESIRED
HOW WERE YOU REFERRED TO THIS FACILITY?	ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> DEPARTMENT:	DATE AVAILABLE FOR WORK:
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? (WHEN?)	ARE YOU 18 YRS OLD OR YOUNGER? YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:	WOULD YOU CONSIDER WORKING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE INDICATE VISA TYPE OR OTHER IMMIGRATION STATUS, IF APPLICABLE. VISA TYPE _____ OTHER _____	SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
WERE YOU EVER CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:	

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING: APPROX. WPM					
			SHORTHAND: APPROX. WPM					
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS								
ARE YOU CURRENTLY: <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED								
ELIGIBLE FOR: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION								
IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO				
	TYPE	STATE ISSUED	DATE	NO				
	TYPE	STATE ISSUED	DATE	NO				
LANGUAGE SKILLS (where related to position sought)								
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	

PREVIOUS EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY <small>Hourly, Monthly or Yearly</small>
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.				

Can we run a detailed employment check, including but not limited to a check with your previous employers? Yes <input type="checkbox"/> No <input type="checkbox"/> _____				
Please sign here to authorize reference check				

REFERENCES

REMARKS

FOR OFFICE USE ONLY

Did you serve in the U.S. Armed Services? Yes No What Branch? _____

Have you volunteered your time or services? Yes No Where? _____

Briefly describe duties and skills acquired through volunteer or military service: (Include dates)

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION

I hereby certify that the information contained in this application form is true and correct and I authorize personnel representatives of this facility to contact any of my schools, former employers or other references unless otherwise stated. This is to be done for the purposes of collecting information and an account of their experience with me.

I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination before employment. This agreement does not bind either party for any specific period regarding employment.

Date _____ Signature _____

TO BE COMPLETED AFTER EMPLOYED HIRED? YES NO SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM: REFERENCE #1 DATE REFERENCE #2 DATE REFERENCE #3 DATE

PERSONNEL NOTES (these note are open to inspection—please keep information factual) _____

IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERVIEWER'S SIGNATURE
STARTING DATE <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	COMPLETION OF PROBATION/APPROVED BY DATE
DEPARTMENT COST CENTER	SIGNATURE
POSITION/JOB SITE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> PART TIME <input type="checkbox"/> ROTATION
STARTING SALARY/GRADE DIFFERENTIAL	SHIFT EMPLOYEE NUMBER
NOTIFY IN CASE OF EMERGENCY NAME RELATIONSHIP ADDRESS	TELEPHONE