



**APPLICATION FOR EMPLOYMENT**

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital status, the presence of a non-job related disability or any other legally protected status.

**Please Print in Ink**

PERSONAL		
Last Name	First Name	Middle
Current/Mailing Address		E-mail Address
City	State	Zip
Social Security Number	Home Telephone Number	Cellular Telephone Number
Best time to contact you:	Date available for work:	Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary
Would you consider working: Weekends & Holidays <input type="checkbox"/> YES <input type="checkbox"/> NO Rotating Shifts <input type="checkbox"/> YES <input type="checkbox"/> NO On Call <input type="checkbox"/> YES <input type="checkbox"/> NO Any Shift <input type="checkbox"/> YES <input type="checkbox"/> NO	Shift Preference: Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/>	Are you a U.S. citizen or an alien legally authorized to work in the United States?  <input type="checkbox"/> YES <input type="checkbox"/> NO    If employed, I understand I am required to complete Form I-9 to show evidence of identity and eligibility for employment.
Position Applied for:		Salary desired:
How did you learn about this position?		
Relative or friends employed here? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name:	Dept:	Relationship:
Have you been employed here in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO                      If yes, when:		
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Long Range Occupational Goals:		
Have you ever been convicted of, or plead guilty to a crime (excluding misdemeanor traffic violations)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:		
Have you ever been involuntarily terminated or asked to resign from any position of employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe circumstances:		

**EDUCATION/SKILLS**

School	Name and Address of School	Course of Study	Last year completed	Did you graduate?	List diploma or degree
High			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Briefly describe other skills or special courses (include special military training, post graduate and nursing).**


**PROFESSIONAL LICENSES/CERTIFICATIONS**

Type:	State:	Date:	Number:
Type:	State:	Date:	Number:
Type:	State:	Date:	Number:

**EMPLOYMENT HISTORY**

**Enter information for your last 3 employers – starting with the most recent.**

Employer	Duration of Employment From: _____ To: _____
Address (City & State)	Name of Supervisor
Position Title	Phone Number
Reason for Leaving	Starting Salary
If this is your current employer, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary

Employer	Duration of Employment From: _____ To: _____
Address (City & State)	Name of Supervisor
Position Title	Phone Number
Reason for Leaving	Starting Salary
If this is your current employer, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary

Employer	Duration of Employment From: _____ To: _____
Address (City & State)	Name of Supervisor
Position Title	Phone Number
Reason for Leaving	Starting Salary
If this is your current employer, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary

**REFERENCES**

Name	Phone Number
Name	Phone Number
Name	Phone Number



**IMPORTANT – READ BEFORE SIGNING**

I hereby affirm that the information provided on this application (and accompanying resume) is true and correct. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that my employment may be contingent upon successfully passing a medical examination, physical therapy assessment, drug test, and criminal background check.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right.

In the event of employment, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE ATTACH RESUME'**