

APPLICATION FOR EMPLOYMENT
Please print

Position(s) Applied for _____ Date of Application ___/___/___

Referral Source: Advertisement Employee Relative Gov't Employment Agency
Walk-in Private Employment Agency Other

Name of Source (if applicable) _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone number _____ Cell Phone number _____

E-Mail address: _____ If necessary, best time to call you at home is _____

May we contact you at work? Yes No If yes, work number/best time to call _____

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No
If yes, give dates: From: ___/___/___ To: ___/___/___

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work: _____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall? Yes No

Have you ever been convicted of or had a history of a violent crime? Yes No

Have you ever been dismissed from employment due to abuse of clients or residents? Yes No

Are you currently on the Medicare/Medicaid Exclusion list? Yes No

Have you ever been convicted of any felony; or a misdemeanor including but not limited to larceny, embezzlement, drawing or passing bad checks, forgery or other similar crimes involving a breach of trust or the unlawful taking or withholding of property belonging to another? (If you have, please answer "Yes" regardless of the degree of the crime or its technical legal name)

Yes No

If your answer was "Yes" to the last three questions, in your own words, explain all the circumstances on a separate piece of paper.

All applicants are required to submit a criminal history report with their application. Conviction of one or more of the crimes listed in the Older Adult Protective Services Act will result in a denial of employment.

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone () -	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	
Employer	Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
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Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	

Comments: (including explanation of any gaps in employment) _____

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company _____

Education Background

A. List last three schools attended, starting with last one. List number of years completed. Indicate degree or diploma earned, if any. Grade Point Average or Class Rank and major and minor field of study (if applicable).

School	No. Years Completed	Degree/ Diploma	GPA Class Rank	Major	Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read Only	Speak Only

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	() -	
	() -	
	() -	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national original, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only one year. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date _____
