

EMPLOYMENT APPLICATION

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Business Phone: _____

Position Applied For: _____

Date Available for Employment: _____ Salary Desired: _____

Would you accept another position: Yes No

Are you willing to work:

	Yes	No
Overtime (over 40 hrs./week)	<input type="checkbox"/>	<input type="checkbox"/>
On Call	<input type="checkbox"/>	<input type="checkbox"/>
Rotating Shifts	<input type="checkbox"/>	<input type="checkbox"/>
Nights	<input type="checkbox"/>	<input type="checkbox"/>
Weekends (Sat/Sun)	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>

Indicate applicable work skills:

Typing		WPM	
Shorthand		WPM	
Keypunch		SPH	
Word Processor		System	
Transcription	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Other Job Related Skills			

Are you applying for full time part time temporary

How were you referred to this organization: _____

Have you ever been employed by this organization? Yes No

If yes, position _____ Department _____ From _____ To _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the

United States under the Immigration Reform and Control Act of 1986? Yes No

After reviewing the essential functions of the job for which you are applying, are you able to perform these essential functions with or without accommodation Yes No

If you can perform the functions with accommodation(s), please explain how you would perform the functions and with what accommodation(s):

Do you have any commitments to another employer that might affect your employment with us? Please explain

Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (Note Convictions will not necessarily bar you from employment but are reviewed as related to the relevancy of the job for which you have applied) Yes No

If yes, please explain: _____

Military Service Yes No If yes, from _____ to _____

Branch of Service: _____ Highest Rank Obtained: _____

School: Name & Address:	Course of Study	Circle last year completed	Did you graduate? If so, what year?	Diploma/Degree
High School		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical, Business or Professional		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Professional Licenses/Certifications

Type	State	Exp. Date	Registration Number

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.	From	To	Immediate Supervisor	Last Salary Hourly, Monthly, or Yearly
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Job Title					
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Employer Name, address and phone number

Duties: _____

Reason for leaving: _____

Job Title					
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Employer Name, address and phone number

Duties: _____

Reason for leaving: _____

Job Title					
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Employer Name, address and phone number

Duties: _____

Reason for leaving: _____

May we run an employment check from the employers listed above? Yes No

Has notice been given to present employer? Yes No

Is any additional information relative to change in name necessary to check your work history? Yes No

If yes, please explain: _____

Please list three personal references (not relatives or employers) to contact who are acquainted with your work history.

	Name	Title/Occupation	Company/Address	Phone Number
1.				
2.				
3.				

Please include any other information you think would be helpful to us in considering you for employment such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or handicap.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information of significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the employer other than the chief executive officer of the employer has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature: _____ Date: _____