

# Application for Employment

ALL PERSONS SHALL HAVE THE OPPORTUNITY TO BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, AGE, HANDICAP OR DISABILITY PROVIDED THEY ARE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION, SEX, MARITAL STATUS, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAWS.



## PLEASE PRINT

POSITION (S) APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

REFERRAL SOURCE \_\_\_\_\_ ADVERTISEMENT \_\_\_\_\_ GOVERNMENT AGENCY \_\_\_\_\_ WALK-IN  
EMPLOYEE \_\_\_\_\_ INTERNET \_\_\_\_\_ OTHER \_\_\_\_\_

NAME OF SOURCE (IF APPLICABLE-NAME OF PAPER/MAGAZINE, ETC.) \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER WITH AREA CODE (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? \_\_\_\_\_ MAY WE CONTACT YOU AT WORK? \_\_\_\_\_

IF YES, WORK NUMBER WITH AREA CODE AND BEST TIME TO CALL? \_\_\_\_\_ TIME \_\_\_\_\_

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE? \_\_\_\_\_ IF YES, GIVE DATE \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? \_\_\_\_\_ IF YES, GIVE DATES \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? \_\_\_\_\_

PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS, UPON BEING MADE AN OFFER OF EMPLOYMENT, MUST PRODUCE DOCUMENTS, WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT, ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THEN SEVENTY-TWO HOURS AFTER COMMENCEMENT OF EMPLOYMENT. YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT) VERIFYING, UNDER OATH, YOUR EMPLOYMENT AUTHORIZATION.

DATE AVAILABLE FOR WORK \_\_\_\_\_ SALARY REQUIREMENTS \_\_\_\_\_

TYPE OF EMPLOYMENT DESIRED: \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ TEMPORARY \_\_\_\_\_ PER DIEM

SHIFT DESIRED: \_\_\_\_\_ DAY SHIFT \_\_\_\_\_ EVENING SHIFT \_\_\_\_\_ NIGHT SHIFT

HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

HAVE YOU EVER RECEIVED DISCIPLINARY ACTION FOR AN INCIDENT RELATED TO NEGLIGENCE OR MALTREATMENT OF A PATIENT/ RESIDENT? \_\_\_\_\_

IF SO, WHEN? \_\_\_\_\_

A CRIMINAL CONVICTION/DISCIPLINARY ACTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF THE CRIME OR ACTION AND YOUR SUBSEQUENT REHABILITATION. \_\_\_\_\_

DRIVER'S LICENSE NUMBER (IF REQUIRED BY JOB) \_\_\_\_\_ STATE: \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_ IF SO, STATE WHEN AND WHY \_\_\_\_\_

PROFESSIONAL LICENSE/CERTIFICATION/REGISTRATION (IF REQUIRED BY JOB) \_\_\_\_\_ STATE: \_\_\_\_\_

HAS YOUR PROFESSIONAL LICENSE/CERTIFICATION/REGISTRATION EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

IF SO, STATE WHEN AND WHY \_\_\_\_\_

## **EMPLOYMENT HISTORY**

LIST **ALL** PREVIOUS JOBS, INCLUDING THOSE NOT RELATED TO THE POSITION YOU ARE APPLYING FOR, INCLUDING ANY TEMPORARY ASSIGNMENTS AND MILITARY EXPERIENCE. FAILURE TO LIST **ALL** PRIOR JOBS MAY RESULT IN A DISQUALIFICATION OF YOU APPLICATION. YOU MAY REQUEST A SECOND PAGE IF YOU NEED ONE. PLEASE START WITH THE MOST RECENT JOB.

EMPLOYER	ADDRESS		
IMMEDIATE SUPERVISOR AND TITLE	TELEPHONE	MAY WE CONTACT FOR REFERENCE? YES NO LATER	
JOB TITLE	REASON FOR LEAVING		
DATES EMPLOYED FROM TO	HOURLY WAGE/SALARY STARTING FINAL		
SUMMARY OF WORK PERFORMED AND JOB RESPONSIBILITIES			

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**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

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**EDUCATION HISTORY**

TYPE OF SCHOOL	DATES		NAME AND ADDRESS	MAJOR COURSE	GRADUATE		ACADEMIC AVERAGE	DEGREE
	FROM MO/YR	TO MO/YR			YES	NO		
1. HIGH SCHOOL								
2. COLLEGE								
3. TECHNICAL								
4. OTHER								

**REFERENCES**

LIST NAMES AND TELEPHONE NUMBERS 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
	( ) -	
	( ) -	
	( ) -	

**SKILLS AND QUALIFICATIONS:**

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD. (EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP OR OTHER PROTECTED STATUS.)

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SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR WORK WITH THE CENTER.

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PLEASE STATE WHETHER YOU HAVE RECEIVED ANY MILITARY TRAINING OR EXPERIENCE WHICH WOULD ASSIST YOU IN PERFORMING THE JOB FOR WHICH YOU HAVE APPLIED.

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LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.

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