

COMPANY NAME: _____

Employment Application

VARIOUS FEDERAL, STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR MARITAL STATUS. WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTIONS WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING.

Personal Information

Date of Application:

Name (last)	(first)	(middle)	Social Security No.						
Home Address		City	State	Zip					
Home Telephone ()	Business Telephone ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Position Applying for: _____	Days and Hours Available	Day	Mon.	Tues	Wed.	Thurs.	Fri.	Sat.	Sun.
Date Available: _____		From							
Are you interested in (check all that apply): <input type="checkbox"/> PRN <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer		To							
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No			What percent? _____ %				
How were you referred to the Company? Current employee _____ (Name) Newspaper _____ (Name) Internet Advertisement _____ Other									

Education

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (check one)
High School	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			
College	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			
Graduate School	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			
Other	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			

U.S. Military Service

Branch of Service	Technical Specialization	Rank Attained

Special Skills

Typing Speed	PC Software	Other Equipment
wpm		

Legal

Are you a U.S. citizen? Yes No If no, do you have a legal right and the necessary documents to work in the U.S.? Yes No
(Identity and employment eligibility of all new hire will be verified as required by the Dept. of Homeland Security U.S. Citizenship & Immigration Services.)

Were you ever discharged by any company? Yes No If yes, give name of company(ies): _____

Reason for discharge: _____

Have you ever been convicted of a felony or misdemeanor or have you ever been excluded for any reason from working for a health care organization. (Example: Medicare violation/sanction)? Yes No If yes, please explain offence and final disposition:

* For those candidates applying for work in California, do not provide any information regarding any criminal convictions for marijuana possession unless the conviction took place in the past two years

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(CONTINUED)

Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.
 May we contact your present employer? Yes No Past employer? Yes No Please indicate if you were employed under a different name.

Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Salary or Wages	Reason for Leaving
From / To: (Month / Year)	Name Address	Your job title		Starting	
	City State Zip	Supervisor		Final	
From / To: (Month / Year)	Name Address	Your job title		Starting	
	City State Zip	Supervisor		Final	
From / To: (Month / Year)	Name Address	Your job title		Starting	
	City State Zip	Supervisor		Final	
From / To: (Month / Year)	Name Address	Your job title		Starting	
	City State Zip	Supervisor		Final	

Have you previously worked for the Company or any of its subsidiaries? Yes No

Name: _____ Location: _____

City & State: _____ Position held: _____

Supervisor: _____ Dates employed: From _____ to _____

Reason for leaving: _____

References

Business references: (do not list relatives – please indicate if you were employed under a different name)

Name	Employer	Title	Work #	Years Known

Please read carefully

In submitting this application for employment, I understand that a background investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record, criminal history, medical sanction history, etc. In submitting this application for employment, I understand that at any time during my employment with the Company or any of its affiliate centers, I may be asked to have a drug test performed. I authorize anyone possessing this information to furnish to the Company and/or a third party company upon request, and I release anyone so authorized, the Company and any third party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand and agree that if employed, the employment will be “at will.” That is, either I or the Company may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by the Company does not imply employment and that this application and/or any other Company documents are not contracts of employment.

Applicant's Signature

Revised: April 2010

Date