



# Specialty

Integrity ○ Customer Service ○ Innovation ○ Teamwork

## JOB APPLICATION

Name/Address			
Last:	First:	MI:	SSN:
Street Address:		How long have you lived at this address?	
City/State/Zip:		Phone:	
Previous Street Address: City/State/Zip		How long did you live at this address?	
Other name used when employed:		E-mail address:	Pager Number:
Desired Employment			
Position:	Date you can start:	Desired salary:	
Are you currently employed?	If YES, may we contact your current employer?	Have you applied at this company before? When?	
Education			
High School:	Name and location:		
	Years attended/ completed	Graduation Date:	
University/College Undergraduate	Name and location:		
	Years Attended Degree Completed:	Graduation Date:	
University/College Graduate	Name and location:		
	Years Attended Degree Completed:	Graduation Date:	
Trade, Business or Correspondence School	Name and location:		
	Years Attended Degree Completed:	Graduation Date:	
Are you currently attending school?	Yes	Name of Institution:	Day Classes <input type="checkbox"/>
	No		Evening Classes: <input type="checkbox"/>
List certifications and/or Professional licenses	License/certification:		State: Exp. Date:
	License/certification:		State: Exp. Date:
	License/certification:		State: Exp. Date:

**Employment History: Use additional paper if necessary (most recent first)**

Employer:		Job Title:	
Address:		Job duties:	
City/State/Zip:		Phone:	Fax:
Date Started:	Date Ended:	Salary:	Reason for leaving:
How were your wage increases determined?		Supervisor:	
Employer:		Job Title:	
Address:		Job duties:	
City/State/Zip:		Phone:	Fax:
Date Started:	Date Ended:	Salary:	Reason for leaving:
How were your wage increases determined?		Supervisor:	
Employer:		Job Title:	
Address:		Job duties:	
City/State/Zip:		Phone:	Fax:
Date Started:	Date Ended:	Salary:	Reason for leaving:
How were your wage increases determined?		Supervisor:	
Employer:		Job Title:	
Address:		Job duties:	
City/State/Zip:		Phone:	Fax:
Date Started:	Date Ended:	Salary:	Reason for leaving:
How were your wage increases determined?		Supervisor:	

**Personal References: List persons you have known for at least one year or more. Do not list relatives or past employers as references.**

Name		Address:	
Nature of Relationship:	Home Phone:	Work Phone:	How long have you know this person?
Name		Address:	
Nature of Relationship:	Home Phone:	Work Phone:	How long have you know this person?

## Additional Areas of Experience: Special skills

List machines, computer skills, applications, Office Machines, etc :

List Foreign Languages you speak fluently:

Write?

Read?

Military Service:

Rank:

Present membership in the National Guard or Reserves:

## Additional Information

A criminal history check may be required for the position for which you are applying.

Have you ever been convicted of a crime (felony or misdemeanor)? YES  NO

List all convictions showing offenses and dates. (Only those Job Related convictions will be considered for employment eligibility and will not necessarily bar you from employment. We will take into consideration the type of offense and its relationship to the job.

Have you ever been discharged or asked to resign from any position? YES  NO

If Yes, please explain:

Have you ever had a professional license or certification revoked/suspended? YES  NO

If Yes, please explain:

In case of emergency notify: Name: Relationship: Phone:

## Conditions of Employment

Are you a citizen of the United States? YES  NO

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 than seventy-two hours after commencement of employment. You will also be required to sign Form I-9 (issued by the government) verifying, under oath, your employment authorization.

Do we have your permission to contact all given references: YES  NO

If no, indicate which references and state the reason:

I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and I release all parties from liability, for any damage that may result from furnishing the same to you. I understand that my employment is at will and that I may resign my employment at any time and that the company may terminate my employment at any time, with or without cause.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS AND CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Making a positive impact in the health and lives of the people we serve.**