

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Alternate # ( ) \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_ Age (if under 17 or over 70) \_\_\_\_\_

Position applied for \_\_\_\_\_ Minimum rate of pay you will accept \_\_\_\_\_

Would you work Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Specify days and hours if part-time \_\_\_\_\_

Are you willing to work overtime, holidays and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Available \_\_\_\_\_ Email Address: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

Are there any experiences, skills or qualifications which would qualify you for a position with our organization?  
\_\_\_\_\_

## RECORD OF EDUCATION

Type of School	Name & Address of School	Course of Study	Did you Graduate?	Last Year Completed	List Diploma or Degree
Elementary					
High School					
College					
Other (Specify)					

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name	Address	Phone Number

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT:**

Name & Address of Company Type of Business	From Mo Yr	To Mo Yr	Describe the work you did	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
Phone #							

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Name & Address of Company Type of Business	From Mo Yr	To Mo Yr	Describe the work you did	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
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**PLEASE READ AND SIGN BELOW**

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that the facility may make an offer of temporary employment to me pending the results of a criminal conviction check.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**APPLICANT – DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_

**Interviewer**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Interviewer \_\_\_\_\_

**Reference Check Results:**

Person Spoken with: \_\_\_\_\_ Phone # \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Spoken with: \_\_\_\_\_ Phone # \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Spoken with: \_\_\_\_\_ Phone # \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_