

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

### APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle  
Street City State Zip Code

Telephone # \_\_\_\_\_ Mobile/Beeper/Other Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred By: \_\_\_\_\_

If necessary, best time to call you at home is..... AM  
PM

May we contact you at work?.....  Yes  No

If yes, work number and best time to call: AM  
( ) \_\_\_\_\_ PM

If you are under 18 and it is required,  
Can you furnish a work permit? ?.....  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before?.....  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed here before.....  Yes  No

If yes, give dates From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment  
in this country?.....  Yes  No

Date available for work----- \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time

If they have been explained to you,  
are you able to meet the attendance  
requirements of the position?.....  N/A  Yes  No

Will you work overtime if required?.....  Yes  No  
If no, please explain \_\_\_\_\_

Driver's license number required if driving may be required  
in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?.....  Yes  No

Answering "yes" to the following question does not constitute an  
automatic bar to employment. Factors such as date of the offense,  
seriousness and nature of the violation, rehabilitation and position  
applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to,  
or been convicted of a crime?.....  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Month Year	Month Year
Street Address	City	State	
Starting job title/final job title		<b>Dates employed:</b> / / <input type="checkbox"/> Hourly <input type="checkbox"/> Salary   \$   per	
Immediate Supervisor and title (for most recent position held)		<b>Commission/Bonus/Compensation \$</b> <b>COMPENSATION (Starting)</b>	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary   \$   per	
Why did you leave?		<b>Commission/Bonus/Compensation \$</b>	
Summarize the type of work performed and job responsibilities			
What did you like most about your position?			
What were the things you liked least about the position?			
Employer	Telephone # ( )	Month Year	Month Year
Street Address	City	State	
Starting job title/final job title		<b>Dates employed:</b> / / <input type="checkbox"/> Hourly <input type="checkbox"/> Salary   \$   per	
Immediate Supervisor and title (for most recent position held)		<b>Commission/Bonus/Compensation \$</b> <b>COMPENSATION (Starting)</b>	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary   \$   per	
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Summarize the type of work performed and job responsibilities			
What did you like most about your position?			
What were the things you liked least about the position?			

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
( )

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_

Immediate Supervisor and title (for most recent position held) \_\_\_\_\_ May we contact for reference?  
 Yes  No  Later

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Please use the space below for any additional information necessary to describe your full qualifications(i.e., specialty areas such as ICU, OB/GYN special equipment, typing speed, computer software programs).

\_\_\_\_\_

\_\_\_\_\_

Do you speak, read or write in any language other than English?.....  Yes  No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

**EDUCATION AND TRAINING**

Name of School & Address	No. of Years	Course/Major	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

**PROFESSIONALS AND TECHNICAL APPLICANTS ONLY**

Professional License No.	Type of License	Place of Issue	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

**Membership in professional organizations:** If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?.....  Yes  No

If yes, please give date, location, and disposition of your care \_\_\_\_\_

\_\_\_\_\_

Month Year Month Year  
Dates employed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**COMPENSATION (Starting)**  
 Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Commission/Bonus/Compensation \$ \_\_\_\_\_  
**COMPENSATION (Final)**

Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Commission/Bonus/Compensation \$ \_\_\_\_\_

**REFERENCES**

List name and telephone number 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	Title	Relationship to You	Telephone	# of Years Known