



Application for Employment

We are an Equal Employment Opportunity Employer

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|-----------------------|---|--|------------|--|--|--|----------------|----------|
| IDENTIFICATION | Last Name | | First Name | | Middle Name | | Preferred Name | |
| | Street Address | | | | City | | State | Zip code |
| | Email Address | | | | Cell Phone | | Home Phone | |
| | How did you hear about our Company? | | | | Were you referred to the Company? If yes, by whom? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Do you have any relatives that work for our Company? If yes, please list name and relation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Have you ever worked for our Company? If so, when: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| POSITION | Primary Position Desired | | Secondary Position Desired | | Salary Desired | | When are you able to start? | |
| | What is your availability to work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, Number of Hours _____ | | | | What shift are you available? <input type="checkbox"/> Morning Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift | | | |
| | Available to work overtime (if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No | | Able to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Able to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have a reliable means of transportation to/from work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| PERSONAL | If hired, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Can you furnish proof of your age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Education List name and location. | | | | Grade/Years Completed | | Graduated? | Major |
| | High School/GED | | | | 9 10 11 12 | | | N/A |
| | College/Junior College | | | | 1 2 3 4 | | | |
| | Graduate School | | | | 1 2 3 4 | | | |
| | Business/Trade School | | | | 1 2 3 4 | | | |
| | Military Have you ever served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide skills acquired relevant to the position desired: | | | | If yes, which branch and final rank? | | If yes, provide dates of service | |
| Skills List any foreign languages that you know _____ <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write | | | | Software Skills <input type="checkbox"/> Excel <input type="checkbox"/> Windows <input type="checkbox"/> Kronos <input type="checkbox"/> PointClickCare <input type="checkbox"/> Word <input type="checkbox"/> Internet <input type="checkbox"/> Other _____ | | | | |

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| ADDITIONAL INFORMATION | Have you ever used any other name than you are currently using? If yes, please list all names used: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | As an employee, have you ever been involuntarily discharged or asked to resign? If yes, please explain in detail: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Are you able to perform the job function essentials of the position for which you are applying, with or without accommodation? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If required, are you willing to have a pre-employment physical and/or drug test? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

An affirmative answer to any of these question may not necessarily disqualify you from consideration of employment



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|-----------------|---|-------|----------------|-----------------|-----------------|
| LICENSES | List all Licenses, Certifications and Professional Designations Earned | | | | |
| | Type | State | License Number | Name on License | Expiration Date |
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| EMPLOYMENT HISTORY | List the last two (2) employers beginning with the most recent/current | | | |
| | Name | | Address - including city, state and zip code | |
| | Telephone | Supervisor Name/Title | Employed From Month ____ Year ____ | Employed To Month ____ Year ____ |
| | Final Job Title | Work Performed | Reason for Leaving | |
| | Name | | Address - including city, state and zip code | |
| | Telephone | Supervisor Name/Title | Employed From Month ____ Year ____ | Employed To Month ____ Year ____ |
| Final Job Title | Work Performed | Reason for Leaving | | |

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| REFERENCES | Name | Position and Company | E-Mail Address | Telephone Number |
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I certify that the information provided in the Application for Employment is true, accurate and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal of employment. I understand the acceptance of an offer of employment does not create a contractual obligation upon the employer to hire me or to continue to employ me in the future or for any duration.

 Printed Name Signature Date