



Application for Employment

| PERSONAL INFORMATION | | | | |
|---|--|--------------------|-------|----------|
| Name: | <div style="display: flex; justify-content: space-between;"> Last First M.I. </div> | S.S.N. | -- | -- |
| Present Address: | Street | City | State | Zip Code |
| Permanent Address: | Street | City | State | Zip Code |
| Home Phone Number: | | Cell Phone Number: | | |
| Other Phone Number: | | Pager: | | |
| If you can not be reached at the above phone numbers, where may we contact you? | | | | |
| Email: | | Name of Person | | |

| EMPLOYMENT DESIRED | | | |
|--|-------|--------|---|
| Type of Work Desired | Shift | Salary | How did you learn of this opening? <hr/> |
| 1st Choice: | | | If under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2nd Choice: | | | |
| Will you accept employment of: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Date Available: | | | |

| EDUCATION / TRAINING | | | |
|--|----------------------------|---|---------------------------------|
| School | Name and Address of School | Did you graduate? | Degree / Certification Received |
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / / | |
| College | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / / | |
| Specialized Training (Lab / X-Ray) | | | |
| Extracurricular activities while in school: | | | |
| Area(s) of Specialization or Major Interest(s): | | | |
| Professional Organization Membership, Honors Received, Volunteer or Community Service, or other Qualifications related to the position for which you are applying: | | | |

| PROFESSIONAL LICENSES AND / OR CERTIFICATIONS | | | |
|---|------------------------------|--------|-------------|
| Type | Organization or State Issued | Number | Date Issued |
| 1 | | | / / |
| 2 | | | / / |
| 3 | | | / / |

| MILITARY RECORD | | | | |
|---|------------|-----------------|--------------------|---------------------------------|
| Branch of Service | Entry Rank | Separation Rank | Separation Date(s) | Military Occupational Specialty |
| | | | / / | |
| Service Awards, Commendations & Specialized Training: | | | | |

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company's Name: _____ Phone: _____
Address: _____
Street City State Zip Code
Your Immediate Supervisor's Name & Title: _____
Dates Employed: _____ Your Position Title: _____
From: / / Starting Salary: \$ _____
To: / / Ending Salary: \$ _____
Job Description & Responsibilities: _____

May we contact for reference? Yes No

Company's Name: _____ Phone: _____
Address: _____
Street City State Zip Code
Your Immediate Supervisor's Name & Title: _____
Dates Employed: _____ Your Position Title: _____
From: / / Starting Salary: \$ _____
To: / / Ending Salary: \$ _____
Job Description & Responsibilities: _____

May we contact for reference? Yes No

Company's Name: _____ Phone: _____
Address: _____
Street City State Zip Code
Your Immediate Supervisor's Name & Title: _____
Dates Employed: _____ Your Position Title: _____
From: / / Starting Salary: \$ _____
To: / / Ending Salary: \$ _____
Job Description & Responsibilities: _____

May we contact for reference? Yes No

Company's Name: _____ Phone: _____
Address: _____
Street City State Zip Code
Your Immediate Supervisor's Name & Title: _____
Dates Employed: _____ Your Position Title: _____
From: / / Starting Salary: \$ _____
To: / / Ending Salary: \$ _____
Job Description & Responsibilities: _____

May we contact for reference? Yes No

REFERENCES List Three (3) References who are not relatives or former employers.

| Name & Relationship | Title | Company Name & Address | Telephone |
|---------------------|-------|------------------------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

CRIMINAL CONVICTION(S)

Conviction of a criminal offense will NOT necessarily preclude your employment.

Have you ever been convicted of a crime? Yes No
 If so, for what, when and where? _____

Use this space to give us further information which may assist us in hiring you. _____

AVAILABILITY INFORMATION

Please circle the shifts you are available for each day.

| DAY | SHIFT | | |
|------------|-------|-----|-----|
| MON | DAY | EVE | NOC |
| TUE | DAY | EVE | NOC |
| WED | DAY | EVE | NOC |
| THU | DAY | EVE | NOC |
| FRI | DAY | EVE | NOC |
| SAT | DAY | EVE | NOC |
| SUN | DAY | EVE | NOC |

Are you available to work:

Holidays Yes No

On Call Yes No

Swing Shift Yes No

Doubles Yes No

Are you willing to travel out of state?

Yes No

What is your traveling radius outside your hometown?

_____ miles

Do you limit your annual earnings due to Social Security or other reasons? Yes No

If yes, please state what is the maximum amount you wish to earn. \$ _____

I understand that emergency conditions may require me to temporarily work shifts other than the one(s) for which I am applying and agree to such scheduling change as directed by my manager of this corporation.

Applicant's Signature

Date

This corporation does NOT discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this corporation the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this corporation at such times and places as the corporation shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

Applicant's Signature

Date