Employment Application

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Position Applying:

Dept. you'd like to work in:	

	EMPL	LOYEE INFORMATION			
Name:					
Last	First	Middle			
Telephone:	Email:	Alternate telephone:			
Address:					
Are you able to perform the esthe position with or without action and Yes No If necessary for the job are yo Yes No	ccommodations?	If necessary for the job, I am able to: Work overtime?			
I am legally eligible for employ ☐ Yes ☐ No	ment in the U.S.?	<u> </u>			
I am seeking a permanent pos	sition: Yes No	Work the following shifts: (check all that apply)			
I will be able to report to w days after being not		☐ Any ☐ Day ☐ Night ☐ Swing ☐ Rotating☐ Split Other:			
	EMP	PLOYMENT HISTORY			
		oorary jobs. Be sure all your experience or employers related to this job are listed sheet of paper if necessary. No more than 10 years history recommended.			
Employer name and address:	Position title/duties, sk	kills: Start date: End date:			
		Reason for leaving:			
Pay: \$					
Per:	Supervisor:	Telephone:			
Employer name and address:	Position title/duties, sk	kills: Start date: End date:			
		Reason for leaving:			
Pay: \$					
Per:	Supervisor:	Telephone:			
Employer name and address:	Position title/duties, sk				
		Reason for leaving:			
Pay: \$					
Per:	Supervisor:	Telephone:			
Employer name and address:	Position title/duties, sk				
	•	Reason for leaving:			
Pay: \$	-				
Per:	Supervisor:	Telephone:			

Summarize other employment related to this job:

Signature of Applicant



		EDU	CATION		HEALTH CARE SERVICES		
	Institution name	Years completed		of study	Graduate or degree		
High school							
College/university Business/technical							
Additional							
		MII	_ITARY				
Are you a veteran?							
		SKILLS & QI	UALIFICATIO	NS			
Other qualifications su	ch as special skills, abilit	ies or honors t	hat should be co	onsidered:			
Types of computers, s	oftware, and other equip	ment you are	qualified to ope	rate or repair:			
Professional licenses, certifications or registrations:							
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:							
Typing speed:	per minute						
		REFE	ERENCES				
List two personal references who are not relatives or former supervisors.							
Name	Address	-	Telephone	Occupation	Years known		
Name	Address		Telephone	Occupation	Years known		
		CO	NTACT				
In case of accident or	hone:						
Address:				Relat	ionship:		
	INF	ORMATION	TO THE APPL	ICANT			
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.							

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Date