

(Please Print Clearly)

Personal Information	Date of Application _____	Date Available _____	
	Social Security Number _____		
Name _____			
	Last	First	Middle
Present Address _____	Street	City	State
	Street	City	State
Permanent Address _____	Street	City	State
(if Different than Present Address)	Street	City	State
If you cannot be reached at above phone number, where may we contact you? Name of Person _____		Phone _____	

Employment Desired	Will You Accept Employment of _____ Full Time? _____ Part Time? _____ Temporary?
Type of Work Desired	Are You 18 yrs. of Age or Older? _____ Yes _____ No
First Choice	Are You Employed Now? _____ Yes _____ No
Second Choice	May We Contact Your Present Employer? _____ Yes _____ No
Third Choice	How Did You Learn Of This Opening? _____

Education	Circle Highest Grade Completed _____	8 9 10 11 12	Scholastic Honor Received _____
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	Name of School	Location (City, State)	Courses Taken	Completed (mark one)	Type of Degree or Certificate Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You are Applying: _____

Were you in the U.S. Armed Forces? _____ Yes _____ No If yes, what branch? _____

Dates of Duty: From ___/___/___ TO ___/___/___ Rank at Discharge _____

Month Day Year Month Day Year

Professional Licenses and/or Certifications				Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Dates
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last _____ First _____ Middle Initial _____

Have you ever been convicted of a crime? ___Yes ___No If Yes, for what, when and where? _____
 Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year

Do Not Answer Questions In This Area - To Be Completed After Employed

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number & Age of Children _____

Notify in Case of Emergency:

Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____ Telephone _____

What Language(s) (Other than English) Do You Speak? _____

Employment Understanding (Please Read and Sign)

This institution 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 institution 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 institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which related 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.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary Position desired? _____
	P.M.	P.M.	
Monday	A.M.	A.M.	Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	If so, what? _____
	P.M.	P.M.	
Wednesday	A.M.	A.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Thursday	A.M.	A.M.	Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Friday	A.M.	A.M.	Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Saturday	A.M.	A.M.	Do you limit your annual earning due to Social Security or other reasons?
	P.M.	P.M.	
			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state what is the maximum amount you wish to earn? _____
			If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.
			I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

Applicant's Signature

Date

This Page For Institution and Interviewers' Use Only

Interviewers Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use			
Hired _____	For what department _____	Position _____	
Salary _____ per	Year Month Hour	Starting Date _____	