

**NOTICE: DRUG/ALCOHOL SCREENING IS INCLUDED
IN ALL PRE-EMPLOYMENT PHYSICAL EXAMINATIONS**

NAME/Last, First, Middle _____



POSITION _____

Employment Application

DATE _____

An Equal Employment Opportunity Employer.
We comply with all applicable state and federal
Civil rights and equal employment laws and regulation.

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include— but is not limited to—a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends

PERSONAL

LAST NAME	FIRST	☐	MIDDLE	SOCIAL SECURITY NO.	
PRESENT ADDRESS CODE	CITY	STATE		HOME TELEPHONE NO.	
PERMANENT ADDRESS CODE	CITY	STATE		CONTACT TELEPHONE NO.	
ANY PREVIOUS NAME(S) YES <input type="checkbox"/> NO <input type="checkbox"/>			BEST TIME TO CONTACT YOU:		
IF YES IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:			DATE AVAILABLE FOR WORK:		
ARE YOU APPLYING FOR:					
FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>			
REGULAR <input type="checkbox"/>		TEMPORARY <input type="checkbox"/>			

POSITION APPLIED FOR	SALARY DESIRED:
HOW WERE YOU REFERRED TO THIS FACILITY?	WOULD YOU CONSIDER WORKING:
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>	WEEKENDS & HOLIDAYS? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME: DEPT: RELATIONSHIP:	ROTATING SHIFTS? YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?	ON CALL? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU 18 YRS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:	SHIFT PREFERENCE:
	DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>
	ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?
	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:	

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADU- ATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER Business College, Other Special Course (Include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING: APPROX. WPM			SHORTHAND: APPROX. WPM		
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								

PROFESSIONAL LICENSES <input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> ELIGIBLE FOR LICENSE <input type="checkbox"/> CURRENTLY REGISTERED <input type="checkbox"/> ELIGIBLE FOR REGISTRATION TYPE: STATE: DATE: NO:	PROFESSIONAL CERTIFICATIONS <input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION TYPE: STATE: DATE:
LICENSE OR REGISTRATION <u>EVER</u> SUSPENDED, REVOKED OR ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN	LICENSE OR REGISTRATION <u>EVER</u> SUSPENDED, REVOKED OR ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN

LANGUAGE

LANGUAGE SKILLS—DO NOT COMPLETE UNLESS REQUESTED

LANGUAGE	DO YOU... <input type="checkbox"/> SPEAK?	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU... <input type="checkbox"/> SPEAK?	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

PREVIOUS EXPERIENCE

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

FROM: TO: SUPERVISOR'S NAME: SALARY (Hr/Mo/Yr):

JOB TITLE: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

FROM: TO: SUPERVISOR'S NAME: SALARY (Hr/Mo/Yr):

JOB TITLE: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

FROM: TO: SUPERVISOR'S NAME: SALARY (Hr/Mo/Yr):

JOB TITLE: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

FROM: TO: SUPERVISOR'S NAME: SALARY (Hr/Mo/Yr):

JOB TITLE: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:
