



## APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION (Please Print)**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

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Contact Person in case of Emergency \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you least 21 years of age?  Yes  No      Email Address: \_\_\_\_\_

Can you provide proof you are lawfully authorized to work in the US?  Yes  No

Are you excluded from participation in any Federal or State Healthcare Program?  Yes  No  
 If Yes, explain: \_\_\_\_\_

List other names you have been employed by or known by: \_\_\_\_\_

Have you ever been convicted or plead guilty to a crime?  Yes  No  
 If Yes, explain: \_\_\_\_\_ (A yes will not necessarily disqualify you from employment)

I can perform the essential functions of the position I am applying for with or without reasonable accommodation?  Yes  No

Have you been terminated or asked to resign from a prior job?  Yes  No Details: \_\_\_\_\_

How were you referred to our company or made aware of the position? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Current Date: \_\_\_\_\_ Date of Availability: \_\_\_\_\_

Availability:  Temporary     Part-Time     Full-Time     Day Shift     Evening Shift     Night Shift     Weekends

***Application is current for only thirty (30) days, a new application must be submitted after that time frame***

**EDUCATION**

Please list all education, specialized training and experience which relates to the position applied for and would help you in the performance of your work in that position. Provide the name of the school, degrees obtained, areas of study, and training:

Education Type	Name of School	Location	Years Completed	Areas Studied	Diploma / Degree
High School			1 2 3 4		
College			1 2 3 4		
Graduate School			1 2 3 4		
Other			1 2 3 4		

List other job-related skills acquired or any additional educational background that is pertinent to your application, including Military work experience or training related to the position applied for. (Exclude information which discloses if you are a member of a protected class).

\_\_\_\_\_

\_\_\_\_\_

**Are you a professional requiring licensure:**

Are you currently licensed?  Yes  No # \_\_\_\_\_ State: \_\_\_\_\_

**Equal Opportunity Employer:** Our company does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, disability or any other status protected under applicable law.

**WORK EXPERIENCE** *(start with the present or most recent first, complete even if attaching a resume)*

<b>1</b>	From	Current Employer (Name/Address)	Start/End Wage	Position	Reason for Leaving
	To				
	Duties Performed				
	Supervisor Name		EMAIL Address	Phone Number	May We Contact?
<b>2</b>	From	Prior Employer (Name/Address)	Start/End Wage	Position	Reason for Leaving
	To				
	Duties Performed				
	Supervisor Name		EMAIL Address	Phone Number	May We Contact?
<b>3</b>	From	Prior Employer (Name/Address)	Start/End Wage	Position	Reason for Leaving
	To				
	Duties Performed				
	Supervisor Name		EMAIL Address	Phone Number	May We Contact?
<b>4</b>	From	Prior Employer (Name/Address)	Start/End Wage	Position	Reason for Leaving
	To				
	Duties Performed				
	Supervisor Name		EMAIL Address	Phone Number	May We Contact?

**REFERENCES** *(List three persons, other than relatives, who have known you for one year or more)*

Name	Contact Information (Email & Phone)	Business	Relationship to Person
1.			
2.			
3.			

**RELEASE, CERTIFICATION & CONSENT AUTHORIZATION**

**I certify that the facts set forth on this application are true and complete to the best of my knowledge. I understand:**

- Any concealment or misrepresentation will result in denial of employment or termination of employment, regardless of how or when discovered.
- I may be required to work at other than my regular assignment.
- The needs of the Center require that I will have no contract of employment, and that my employment is at-will.
- Consistent with Federal and State regulations, a criminal history background check will be conducted. I understand that any offer of employment is conditional based upon an acceptable criminal history background check and for the appropriate positions, verification of current licensure or certification. I authorize the Employer to conduct either or both verifications at any time.
- The Employer will check with your prior employers in order to make a hiring decision. I authorize the Employer to contact any and all of the references noted above, as well as any other employment reference not noted on this application, in any manner it chooses.

I authorize the Employer to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Employer. I hereby release and hold the Employer harmless from any claim for releasing any truthful information within its knowledge and/or records.

**I have had an opportunity to ask any questions and receive answers to any of the statements listed in the Release, Certification & Consent Authorization section. My signature on this application acknowledges my acceptance of those terms and conditions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Opportunity Employer:** Our company does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, disability or any other status protected under applicable law.