

*We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability or veteran status.*

**PERSONAL BACKGROUND**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Last First Middle

Present Address \_\_\_\_\_  
 Street City State Zip

Permanent Address \_\_\_\_\_  
 Street City State Zip

Phone No. ( ) \_\_\_\_\_ Referred by: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Date you can start \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Time  Part Time  Hours Preferred \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you willing to work overtime? Yes  No

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Yes  No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes  No

Are you able, at the time of employment, to submit verification of your legal right to work in the US? (Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.) Yes  No

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Note: This question does not apply to convictions which have been expunged or sealed. (A conviction record will not necessarily be a bar to employment.) Yes  No

If so, please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s).

Educational Background	Name & Location of School	Circle Highest Grade Completed	Major Area of Study
High School		9 10 11 12 /GED	
College		1 2 3 4	
Trade, Business or Graduate School		Degree Obtained:	

Licenses, certificates or specialized technical skills (i.e., computer programming/language, software, equipment operation, special tools or machines) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

(Please list below your last four employers, starting with your present or last place of employment.)  
 You may include any verifiable work performed on a volunteer basis, internship, or military service.

Date Mo./Yr.	Name, Address, & Phone # of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					

**REFERENCES**

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school- or volunteer-related references.

	Name & Position	Company	Address	Telephone Number
1.	_____			
2.	_____			
3.	_____			

**APPLICANT'S STATEMENT**

By signing this application, I understand that if hired by the company, I will be an employee at will. This means my employment with the company may be terminated at any time at the option of the company or me. I also understand that neither this application nor any communication by a management representative is intended to create or does in fact create a contract of employment.

I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at will.

The above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in immediate dismissal.

I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I certify that I have never been excluded from participation in the Medicare or Medicaid programs or other government sponsored healthcare programs and that no proceedings or investigations are currently pending or to my knowledge, threatened by any federal or state agency.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_