



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer and Smoke-Free/Drug-Free Workplace
DATE

INSTRUCTIONS

Please print in ink or type. Please answer all questions truthfully and accurately. "See resume" may not be substituted for an answer. Any false statement or omission may be grounds for not being hired, or if hired, immediate dismissal.

We consider all applicants solely on the basis of qualifications for the position for which application is made, without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status. Application is considered active for 90 days from date of receipt.

PERSONAL INFORMATION

Last Name _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ Social Security No. (optional) _____

If hired, would you be able to submit verification that you are entitled to work in the U.S.?

Yes No Are you 18 or over? Yes No

How did you learn about this position? Please provide referral source.

Online: _____ Newspaper/Trade Journal: _____ Employee: _____

POSITION INFORMATION

Position Desired _____ Hourly Rate Desired _____

Type of employment: FT PT PerDiem Weekend Only

Hours available (Check all that apply): Day Evening Night 7A-7P 7P-7A

EDUCATION

Do you have a high school diploma or GED? Yes No

| School Name and Address | Graduate? | Degree | Major |
|-------------------------|-----------|--------|-------|
| High School | Y N | | |
| College | Y N | | |
| Post-Graduate | Y N | | |
| Other | | | |

EMPLOYMENT HISTORY

Please begin with your most recent employer, and provide information for the past seven years. "See resume" is not acceptable in the spaces below.

Employer: _____ Phone Number: _____

Address: _____ May we contact? Yes No

Employed From _____ To _____ Supervisor Name/Title _____

Your Title/Duties _____

Reason For Leaving _____ Were you fired? Yes No

Employer: _____ Phone Number: _____

Address: _____ May we contact? Yes No

Employed From _____ To _____ Supervisor Name/Title _____

Your Title/Duties _____

Reason For Leaving _____ Were you fired? Yes No

Employer: _____ Phone Number: _____

Address: _____ May we contact? Yes No

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Reason For Leaving _____ Were you fired? Yes No

Employer: _____ Phone Number: _____

Address: _____ May we contact? Yes No

Employed From _____ To _____ Supervisor Name/Title _____

Your Title/Duties _____

Reason For Leaving _____ Were you fired? Yes No

Please explain any gaps in employment history. If additional space is needed, please continue on the reverse side of this page.

TRAINING/EXPERIENCE

Please list any/all licenses, certifications, or registrations issued to you.

| License/Certification/Registration | State | Number | Year Issued | Expiration Date |
|------------------------------------|-------|--------|-------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

CPR _____
Expires

BLS _____
Expires

ACLS _____
Expires

Foreign Language

Language _____ Speak Read Write

Language _____ Speak Read Write

PROGRAM KNOWLEDGE

Please list any computer software or programs that may be appropriate to the position for which you are applying: (Word, Excel, PowerPoint, Outlook, Access, etc.)

If answer yes to any of the following, provide explanation:

- Have you ever been convicted of, or received deferred adjudication for any criminal offense, other than minor traffic violations? Yes No
- Have you ever been excluded, suspended, or debarred from, or otherwise been declared ineligible to participate in the Medicare, Medicaid, or any other federally funded health care program? Yes No
- If you hold a professional license or certification, is that license or certification in good standing? Yes No
Has it ever been restricted in any way? Yes No
- Have you ever been disciplined in any way? (*Censure, Civil Penalty, Probation, Suspension, Revocation, Voluntary Surrender, Denied or Cease and Desist*)? Yes No

If yes to any of the above, please attach the document provided by the State Board as to the description of the offense and the document that identifies the results. (*A conviction will not necessarily be a bar to employment and factors including time of offense, seriousness and nature of the violation may be taken into consideration*).

PROFESSIONAL REFERENCES (List at least three references)

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

APPLICANT ACKNOWLEDGEMENTS

- I certify that the information provided in this application for employment is true, correct, and complete.
- I further acknowledge and understand that any misstatements or omission of fact may result in my termination.
- I authorize investigation of all statements in this application including, but not limited to, the company or a third-party contractor, contacting employers, references and educational institutions to verify information.
- I acknowledge and understand that I must take and pass a pre-employment drug screen for illegal drugs and controlled substances and remain free of same and alcohol in the work place; and that refusal to complete the pre-employment substance abuse screening will prevent me from being employed.
- I agree to hold the company, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for prohibited substance use.
- I understand that I am required to report all known or suspected violations of state and federal laws including any form of abuse.
- I understand that an investigative consumer report may be requested in connection with my application for employment, and that if employment is denied because of information in such a report, a disclosure of this fact will be made to me.

I further certify that I have read the foregoing statements and agree to the terms therein by setting forth my signature below.

APPLICANT SIGNATURE

DATE