

Employment Application

This application form is intended for use in evaluating your suitability for employment. Please answer all the questions completely and legibly. If a question is not applicable please indicate it with N/A. If you need more space than already provided to explain any answers you may request additional sheets of paper. False or misleading information or statements whether oral or written are grounds for refusal and/or termination of employment and benefits. All qualified applicants will receive consideration without discrimination on the basis of sex, age, race, color, national origin, citizenship status, disability or any other status that is protected under state or federal law, and such information may be omitted from this form. A felony conviction will not necessarily prevent you from our employment opportunities.

This application is not an employment contract. Additional testing of job-related characteristics as well as testing for the presence of illegal drugs in your body may be required before an offer of employment is made. Once an offer has been made, you will be required to undergo a medical review to determine your availability for the position applied for. This review will include the completion of a medical history form, and may include an examination by a medical professional designated by the company.

Date: _____

Personal Data:

Last Name _____ First Name _____ Middle Name _____

SS Number _____ Home Phone Number _____ Work Phone Number _____

Address Information (please list below your current address and two most recent)

Street _____ City _____ State _____ Zip _____ Since (mo/dy/yr) _____

Street _____ City _____ State _____ Zip _____ Since (mo/dy/yr) _____

Street _____ City _____ State _____ Zip _____ Since (mo/dy/yr) _____

Availability

Position Applied for: _____ Date you can start work: _____

Do you prefer: _____ Full Time _____ Part Time

Can you work: _____ Evenings _____ Weekends

BASE SALARY: _____

RATE/HOUR: _____

DATE HIRED: _____

Please answer the following questions. When necessary note question number and use an extra sheet of paper to provide explanations:

1. Are you at least 18 years old and legally eligible to work in the United States?
 Yes No

2. Will you work overtime when necessary? Yes No

Please list any restrictions you may have in your ability to work overtime:

3. Are you a layoff and subject to recall? Yes No

4. Have you ever been discharged or asked to be resigned from a job? Yes No

If yes please explain:

5. Have you ever been convicted or plead guilty to a felony or other crime? Yes No

If yes please explain:

6. Have you ever been given the description of the job for which you are applying or had the essential elements of the job explained to you? Yes No

7. Do you understand the job requirements? Yes No

8. Can you perform the job requirements? Yes No

Education

High School Attended	City, State	Dates (MO/YR)	Yes / No Diploma?
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College Attended	City, State	Dates (MO/YR)	Yes / No Diploma?
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College Attended	City, State	Dates (MO/YR)	Yes / No Diploma?
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Graduate School Attended	City, State	Dates (MO/YR)	Yes / No Diploma?
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Other School Attended	City, State	Dates (MO/YR)	Yes / No Diploma?
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Other School Attended	City, State	Dates (MO/YR)	Yes / No Diploma?
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Employment Experience

Most Recent Employer	City, State	Phone
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Position Held	Dates From-To	Previous Rate
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Supervisor	Duties
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Reason for Leaving	Signed non-compete agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Next Most Recent Employer	City, State	Phone
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Position Held	Dates From-To	Previous Rate
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Supervisor	Duties
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Reason for Leaving

Have you ever applied with or worked for this agency or one of its corporations before?
 Yes No (if yes please list): _____

Please list any agency(s) in this industry for which you have worked: _____

Have you ever served in any branch of the United States Military? Yes No

It is our policy to contact all employers listed above for references. Please note here those employers listed above whom we may NOT contact:

Job Related Skills

Do you have a valid Driver's License? Yes No

State issued: _____ Driver's License Number: _____

Are you familiar with medical terminology? Yes No

Please list below in the provided space any special study areas of research you have completed or participated in:

Please list below in the provided space any special professional licenses, designations and certifications that may relate to the position applied for. Please include the dates and names of the organizations and any other pertinent information:

Certification

I qualify, read and understood the instructions and notes on page one of this form and that the answers given by me herein are true and complete to the best of my knowledge. I understand that should I be employed, that employment shall be on a probationary basis for a period of 90 days from the date of hire. I further understand that completion of the probationary period will grant me an employee status in this organization, and I understand that my employment relationship may be terminated without notice by the company; this basis may be altered only in writing by the C.E.O. of this company. I also understand that use of illegal drugs is prohibited during my employment at this agency. If the agency's policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during my employment. I understand that is application will be considered for a period of 60 days study and that if you do not then employ me, it will be necessary for me to complete another application form in order to receive further consideration.

Applicant's Signature

Date

