



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

APPLICANT INSTRUCTION

If you need help to fill out this application form or any phase of the employment process please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "Applicant Note".
2. Complete the entire application.
3. If more space is needed to complete any question, use Comments section on the back.
4. Print clearly; Incomplete or illegible applications will not be processed.

APPLICANT NOTE

This applicant form is intended for use in evaluating your qualifications for employment. This is not an employment contract and none of the company's policies should be considered as a contract or as a guarantee of continued employment. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process, or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of religion, sex, marital status, race, age, creed, national origin, or the presence of disabilities. A felony conviction will not necessarily ban an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body will be required prior to employment. If you receive an offer of employment you will be required to have a physical prior to reporting to work if job related.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone
City			Work Phone
State	Zip Code	SS#	

AVAILABILITY

Position(s) Applied For:	Salary Expected:
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Current Employee Name of Referral Source _____	
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of U.S. Citizenship or immigration status will be required upon employment.)	Office location preference: 1. _____ 2. _____
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____	Date available to begin work:
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit <input type="checkbox"/> Temporary	

EDUCATION

School	Name & Address	Last Year Completed:				Diploma/GED/ Degree:	Date of Graduation	Course of Study
		9	10	11	12			
High School								
University/College		1	2	3	4			
Graduate		1	2	3	4			
Trade/Professional		1	2	3	4			

LICENSURE/REGISTRATION (if applicable)

List any professional licenses/registration:	
State(s) in which professionally registered:	
Registration or License #s:	Expiration Date(s):
Do you have any pending restrictions and/or a suspension on your current professional license/registration that would restrain you from performing in this position? _____	
Have you ever been refused professional licensure, or had a license/registration suspended or revoked? (If yes, explain) _____	
List any trade or professional organization of which you are a member, including offices held: _____	

SECURITY

Have you ever been convicted of a felony and/or served time? Yes No If yes, please explain: _____

(In accordance with company policy this information will be reviewed for job-relatedness and time since last conviction.)

Have you used any names or Social Security Numbers other than those previously listed?

If yes, please list previous names: _____

DRIVER'S LICENSE

NOTE: Do not fill out any part of this section you believe to be non-job related.

Do you currently have a valid driver's license? Yes No

DL# _____ Type _____ State of Issue _____

Have you had any moving violations? Yes No If yes, please describe: _____

Do you own or have access to reliable transportation on a daily basis? Yes No

Do you have current auto liability insurance? Yes No

CLERICAL SKILLS

_____ Typing _____ wpm _____ Clerical/Medical Data Entry

_____ Word Processing Skills

Please list any specialized training skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

REFERENCES

NOTE: ALL APPLICANTS COMPLETE THIS SECTION (Name and address of at least 3 personal references, other than relatives, that you have known at least one year.)

NAME	ADDRESS	PHONE NUMBER

EMPLOYMENT EXPERIENCE

Please complete every question in order for your application to be considered. Since we make every effort to contact previous employers, the correct address and telephone numbers are needed. **List most recent employer first.**

Are you currently working for your most recent employer? Yes No

If yes, may we contact? Yes No

Employer		Dates Employed		DUTIES:
Address		From	To	
Telephone Number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		DUTIES:

		From	To	
Address				
Telephone Number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		Dates Employed		DUTIES:
		From	To	
Address				
Telephone Number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		Dates Employed		DUTIES:
		From	To	
Address				
Telephone Number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		Dates Employed		DUTIES:
		From	To	
Address				
Telephone Number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

CERTIFICATION & RELEASE

I certify that I have read and understand the applicant note on page one of this form and that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false information, omissions or misinterpretation of facts called for in this application may result in rejection of my application or termination at any time during my employment. I also understand that my employment can be terminated at will, without notice and without cause at any time at the discretion of either the company or myself.

I authorize the company, and/or its agents, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I release all persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing information. I also understand that the use of illegal drugs or alcohol is prohibited while on the job and I am willing to submit to drug testing to detect the use of illegal drugs or alcohol prior to and during employment.

I understand that this application will be given active consideration for 1 year. If I am not called for an interview or employed during this period, I understand it will be necessary to file a new application form to be eligible for further consideration.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Applicant Signature _____

Date _____

APPLICANT COMMENTS

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Posted by: _____ Date: _____

Correspondence sent by: _____ Date: _____

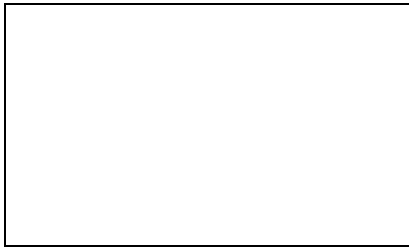
Interviewed by: _____ Date: _____

Office _____ Position _____

Classification: Full Time Part Time Per Visit Temporary

Salary Offered _____ Date Available _____ Starting Date _____

Notes: _____



Application Received