

Date: \_\_\_\_\_ Position applying for: \_\_\_\_\_ Requested pay range: \_\_\_\_\_

## Personal Information

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

Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Social Security \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Are you 16 years of age or over?  Yes  No

Can you show proof you are legally eligible to work in the United States?  Yes  No

Have you ever worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodation?  Yes  No

Have you ever been convicted of a felony or are you on any registries?  Yes  No

If yes, explain: \_\_\_\_\_

## Education / Training

| Type of School       | Name of School<br>City, State, Zip | Course Study<br>or Major Field | Graduated  | Degree |
|----------------------|------------------------------------|--------------------------------|--|--------|
| College / University |                                    |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |
| Nursing / Vocational |                                    |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |
| High School or GED   |                                    |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |
| Other                |                                    |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |

## Professional Licenses, Registrations and/or Certifications

(RN, LPN, Pharmacist, Physical Therapist, Radiologic Technologist, Medical Technologist, CDL, DOT, Engineer, etc.)

Type: \_\_\_\_\_ License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other States(s): \_\_\_\_\_ License Number: \_\_\_\_\_

If not currently licensed, have you applied?  Yes  No Date: \_\_\_\_\_

Has your professional license (in any state) ever been suspended, revoked or limited in any way?

Yes  No If yes, explain: \_\_\_\_\_

Has your license ever been on probationary status?  Yes  No If yes, explain: \_\_\_\_\_

**Professional References:** List at least two professional references.

Example: instructors, classmates, previous or current co-workers who have knowledge of your skills and character.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Experience:** Please give a complete record of all employment starting with your most recent.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor/Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_

Hours per week: \_\_\_\_\_ Hourly or Salaried Rate of Pay: \$ \_\_\_\_\_

Job title and description of work: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor/Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_

Hours per week: \_\_\_\_\_ Hourly or Salaried Rate of Pay: \$ \_\_\_\_\_

Job title and description of work: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor/Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_

Hours per week: \_\_\_\_\_ Hourly or Salaried Rate of Pay: \$ \_\_\_\_\_

Job title and description of work: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

Note: If you have additional experience, please attach your resume.

May we contact your current employer to check references?  Yes  No

Please give dates and reasons for any gaps in employment: \_\_\_\_\_

**Military Service:**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Rank/Pay Grade at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer:**

I understand that any false or incomplete statements on this application or any other form that I complete shall be sufficient cause for rejection for employment or immediate discharge when discovered.

I hereby authorized my former employers to release any and all information regarding my previous employment to assist this company in determining my suitability for employment.

I understand if I am offered a position, it may be contingent on successfully passing a post offer drug test and criminal background check. Some positions require various registry checks as well.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*We are an equal opportunity employer and do not discriminate on the basis of race, creed, ancestry, color, religion, sex, national origin, age, marital status, veteran status or disability. Your application will remain active for 60 days.*