

Employment Record

Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From:	Starting:	_____ _____ _____ _____
	To:	Ending:	_____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From:	Starting:	_____ _____ _____ _____
	To:	Ending:	_____ _____ _____ _____
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Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From:	Starting:	_____ _____ _____ _____
	To:	Ending:	_____ _____ _____ _____

If your former employment, reference, education or military service are under a name other than indicated on front of application, please indicate below.

Last _____ First _____ Middle Initial _____

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment. Use this space to give up further information which will assist us in placing you, including at least two personnel references not related to you, whom you have known at least one year.

Do Not Answer below questions. They are to be completed after Employed.
 Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number and Ages of children _____

Notify in Case of Emergency

Name _____ Relationship _____
 Street _____ City _____ State _____ Zip Code _____ Telephone _____

Employment Understanding

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. no question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this Institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in said investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminate for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility of employment.

Applicant's Signature

Date

Please indicate days and hours your are available to work (be specific)			Availability record.
Day	From	To	
Sunday			Primary position desired _____ Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what? _____ Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available to work: Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No
Monday			Do you limit your annual earnings due to Social Security or other reasons? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> If yes, please state what is the maximum amount you wish to earn _____
Tuesday			If your availability changes, it is your responsibility to fill in a "Availability Card" indicating the changes. Such changes will be effective, then, for future employment.
Wednesday			I understand that emergency conditions may require me to temporary work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head administrator of this institution.
Thursday			_____ Applicant's Signature
Friday			_____ Date
Saturday			

Institutional & Interviewers' Use Only

Interviewer's Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use		
Hired _____	For what department _____	Position _____
Salary _____	Year per Month Hour	Starting Date _____