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| EMPLOYMENT APPLICATION FORM |
| APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS |
| PLEASE COMPLETE PAGES 1-4. | Date:  |
| Name:  |
| Last First Middle Maiden |
| Present Address:  |
| Number Street City State Zip |
| How Long:  | Social Security No.: |
| Telephone: |
| Email address: |
| Position Applied For: | Days/Hours Available to Work:No Pref Thur Mon Fri Tue Sat Wed Sun  |
| Salary Desired: |
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| How many hours can you work weekly? | Can you work nights? |
| Employment Desired:  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME |
| EDUCATION & OTHER INFORMATION |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION(Complete mailing address) | NO. OF YEARS COMPLETED | MAJOR & DEGREE |
| High School |
|  |  |  |  |  |
| College |
|  |  |  |  |  |
| Professional School |
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| Have you ever been convicted of a crime?  No  Yes |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. |
| Do you have a driver’s license?  Yes  No |
| What is your means of transportation to work? Make & Model |
| Driver’s License Number: State of issue: Expiration Date: \_\_\_\_\_\_\_  |
| Do you have Car Insurance  Yes  NoPlease provide a copy of your insurance card |
| Have you had any accidents during the past three years? | How many? |
| Have you had any moving violations during the past three years? | How Many? |
| EMERGENCY CONTACT |
| NAME: RELATIONSHIP |
| Primary Number | Cell Number |
| Please list two references other than relatives or previous employers. |
| Name | Name: |
| Position: | Position: |
| Company: | Company: |
| Address: | Address: |
| Telephone: | Telephone: |

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| Work Experience | Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. |
| Job One |
| Name of Employer:  | Name of Last Supervisor | Employment DatesFrom:To: | SalaryStart:Final: |
| Complete Address: |
| Phone Number: | Your Last Job Title: |
| Reason for Leaving (be specific): |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
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| Job Two |
| Name of Employer:  | Name of Last Supervisor: | Employment DatesFrom:To: | SalaryStart:Final: |
| Complete Address: |
| Phone Number: | Your Last Job Title: |
| Reason for Leaving (be specific): |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
| ***Certification and Release:*** I certify the above stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions, or misrepresentation of facts will result in rejection of thisapplication and/or discharge at any time during employment. I authorize \_\_\_\_\_\_\_\_\_\_to verify all information contained within this application, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies & law enforcement authorities to release any information concerning my background & hereby release any said persons, schools, companies & law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.***Restrictive Covenant:*** I agree not to do business directly with any individual or business entity that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has introduced to me or by entering employment with such individuals or businesses.***PLEASE NOTE***: \_\_\_\_\_\_\_\_\_\_\_\_\_must be aware of any pre-existing medical conditions that may interfere or limit your caregiving responsibilities within your job description.**Please List**:Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**For Office Use Only** Application Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_ CG Interviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_ |