



EMPLOYMENT APPLICATION

PERSONAL DATA

Name _____ Social Security # _____
 Present Address _____
 City _____ State _____ Zip / Postal Code _____
 Previous Address _____
 City _____ State _____ Zip / Postal Code _____
 Telephone # Home () _____ Business () _____
 Position applied for _____
 Date available for employment _____ Salary Desired _____
 Would you accept another position Yes No
 Are you willing to work: **YES** **NO** **YES** **NO**
 Overtime (over 40 hrs/ wk) On Call
 Rotating Shifts Nights
 Weekends (Sat / Sun) Holidays
 Travel
 Indicate applicable work skills: Typing _____ WPM Transcription Yes No (circle one)
 Software systems known _____
 Other job-related skills _____
 Are you applying for: Full-Time Part-Time Temporary
 How were you referred to this organization? _____
 Do you have any relative working for this organization? Yes No
 If yes, name _____ Relationship _____ Dept _____
 Have you ever been employed by this organization? Yes No
 If yes, position _____ Dept _____ From _____ To _____
 Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? Yes No
 Do you have any commitments to another employer that might affect your employment with us? Yes No
 If yes, please explain _____
 Since reaching 18, have you ever been convicted of a misdemeanor or felony? (Note: Conviction will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for) Yes No
 Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the Medicaid and / or Medicare Programs? Yes No
 Military Service? Yes No If yes, from _____ to _____
 Branch of service _____ Highest rank obtained _____

EDUCATION

School: Name & Address	Course of Study	Circle Last Year Completed	Did You Graduate?	Diploma / Degree
High School _____ _____	_____	1 2 3 4	Yes No	_____
College _____ _____	_____	1 2 3 4	Yes No	_____
College _____ _____	_____	1 2 3 4	Yes No	_____
Technical _____ Business or _____ Professional _____	_____	1 2 3 4	Yes No	_____

Professional licenses / certifications

Type	State	Exp Date	Registration No
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

Please list name, address and phone number of previous employers with most recent employer first. Periods of unemployment should be included.

Job Title _____ Supervisor _____ Salary _____ Employer name, address & telephone _____ Date Employed From _____ To _____ Duties _____ Reason for leaving _____
Job Title _____ Supervisor _____ Salary _____ Employer name, address & telephone _____ Date Employed From _____ To _____ Duties _____ Reason for leaving _____
Job Title _____ Supervisor _____ Salary _____ Employer name, address & telephone _____ Date Employed From _____ To _____ Duties _____ Reason for leaving _____

REFERENCES

May we obtain a credit rating and/or background check? Yes No
 May we run an unemployment check from the employers listed above? Yes No
 Has notice been given to your present employer? Yes No
 Is there any additional information relative to change in name necessary to check your work history? Yes No
 If yes, please explain _____

Please list references (not relatives or employers) to contact who are acquainted with your work history

Name	Title / Occupation	Company Address	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, religion, color, national origin, or handicap.) _____

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that no management official other than the chief executive officer of the employer has any authority to enter into agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE- OFFICE USE ONLY

1. After reviewing the functions of the job for which you are applying, are you able to perform these functions without reasonable accommodation? Yes No
2. If you are not able to perform these tasks without reasonable accommodation, how would you perform the task and what accommodation would be needed? _____