Application For Employment Please Print

Date of Application	Position Apply	ing For		
Name				
(Last)	(First)	(Mid	dle)	
Address				
		(City)	(State)	(ZIP)
Telephone ()	Social	Security Number	///	
Cell Phone ()				
Are you at least 18 years of age? Are you at least 16 years of age?	Yes No (If less than	No 16, can you furnish a	work permit? Ye	es No)
Have you ever been employed here bef	ore? Yes N	o If yes, give date		
Are you employed now? Yes _	No May we	contact your present er	mployer? Yes	No
If hired, you will be required to su compliance with the Immigration Refo or immigration status at the time you upon being hired.	rm and Control Act of 19	986. While you need r	not provide this proof of	of citizenship
On what date would you be available for	or work?		Expected salary:	
Are you available to work:I What days? S M T W T F S	Full Time Pa What hou	rt Time rs? 6-2	_ 2-10 10-6	Other
Are you on lay-off and subject to recall	? Yes	No		
Give name, address and telephone num	ber of three references w	ho are not related to yo	ou and are not previous	employers.
Do you have a record of founded child or any other state? Yes	or dependent adult abus	•	en convicted of a crime	e in this state
If so, explain:				

Please continue to backside.

EDUCATION

School Name	Elementary			High School			College/University			Graduate/Professional								
Years Completed (circle)	4	5	5 (5 '	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																		
Describe Course of Study																		

Educational Honors; Extracurricular Activities; Professional Societies or other information (if unrelated to ethnic or religious groups or organizations):
Special skills and qualifications, including those acquired from employment or other experience:

EMPLOYMENT EXPERIENCE

Start with your present or most recent job and list your work experience for the last ten (10) years. Account for all periods of unemployement.

Employer	Telephone	Dates	Employed	Work Performed			
		<u> </u>					
	()	From	To				
Address							
Job Title		Hourly					
		Starting	Final				
Supervisor							
Reason for Leavin	g						
Employer	Telephone	Dates	Employed	Work Performed			
	()	From	То				
Address							
Job Title		Hourly	Rate/Salary				
		Starting	Final				
Supervisor							
Reason for Leavin	g						

EMPLOYMENT EXPERIENCE (continued)

Employer	Telephone		Employed	Work Performed			
	()	From	//////////////////////////////////////				
Address		Trom	10				
Job Title			Rate/Salary				
Supervisor		Starting	Final				
•							
Reason for Leavin	g						
Employer	Telephone	Dates I	Employed	Work Performed			
	()	From	//////////////////////////////////////				
Address							
Job Title		Hourly R	Rate/Salary				
		Starting	Final				
Supervisor							
Reason for Leavin	g						
Employer	Telephone	Dates E	Employed	Work Performed			
		From	//////////////////////////////////////				
Address	()	From	10				
Job Title		TT 1 T	1 (0.1				
Job Tiue		Starting Starting	Rate/Salary Final				
Supervisor		J					
Reason for Leavin	σ						
Employer	Telephone	Dates F	Employed	Work Performed			
	()	From	To				
Address							
Job Title			Rate/Salary				
Supervisor		Starting	Final				
_							
Reason for Leavin	g						
		<u>l</u>					
Have you ever be	een fired from a job?	Yes	No If yes, plea	ase list job and circumstances disclosed			
to you by your er	mployer:						
to jou of jour or							

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application, including any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application, I understand that I will be required to fulfill <u>all</u> aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may be grounds for termination. I also understand that I may be required to pass an agility test. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if I am hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for, and employees are treated during employment without regard to age, race, color, sex, national origin, religion, disability or status as a disabled Vietnam-era veteran.

Revised 03/06