

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

Personal Information

Date of Application _____ Date Available _____

Name _____
Last First Middle

Social Security Number _____

Present Address _____
Street City State Zip Code Phone Number _____

Permanent Address
 (if Different than Present Address) _____
Street City State Zip Code Phone Number _____

If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone _____

Employment Desired

Type of Work Desired	Shift	Salary	
First Choice			Will You Accept Employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary? Are You 18 Yrs. of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Choice			Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Third Choice			May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No How Did You Learn Of This Opening? _____

Education

Circle Highest Grade Completed 9 10 11 12
 13 14 15 16

Scholastic Honors Received _____

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at Discharge _____
Month Day Year Month Day Year

Professional Licenses and/or Certifications

	Organization or State Issued	Date Issued	Number	Verif.
Type				
Type				
Type				

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	

If your former employment references, 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 us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

Do Not Answer Questions In This Area - 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 _____

What Language(s) (Other than English) Do You Speak? _____

EMPLOYMENT APPLICATION ADDENDUM

Name: _____

Address: _____

Home telephone: _____ Cell telephone: _____

Date of Birth: _____ Social Security Number: _____

Professional License No. _____

Position applying for: _____

Provide all other names or aliases you have ever previously been known by, including but not limited to nicknames, maiden names and other married names:

Do you have knowledge, or have you ever been notified, of being placed on the OIG Excluded Provider List or Excluded Parties List Service (EPLS.gov) maintained by the General Services Administration (GSA)? If yes, please specify the date and reason. (Even if you were at one time on such list and have since been removed, please so indicate):

Have you ever had a professional license subject to suspension or revocation? If yes, please specify the date and the reason:

Have you ever voluntarily relinquished your professional license? If yes, please specify the date and reason:

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that the above answers given are true and complete to the best of my knowledge. I understand that the Facility may investigate all statements made in this Application and that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties as appropriate. I further understand that this Addendum is considered part of the original Application for Employment and shall be incorporated therein.

Signature

Date

Employment Understanding (Please Read and Sign)

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 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 such 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 as 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 terminated 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 for employment.

Applicant's Signature

Date

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____ Will you accept another position: <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Monday	A.M.	A.M.	If so, what? _____ Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.
	P.M.	P.M.	
Wednesday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.
	P.M.	P.M.	
Thursday	A.M.	A.M.	_____ Applicant's Signature
	P.M.	P.M.	
Friday	A.M.	A.M.	_____ Date
	P.M.	P.M.	
Saturday	A.M.	A.M.	
	P.M.	P.M.	

This Page For Institution and Interviewers' Use Only

Interviewers 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 _____	per Year Month Hour	Starting Date _____