



# Application for Employment

We are an Equal Employment Opportunity Employer

|                       |   |  |            |  |  |  |                |  |
|-----------------------|---|--|------------|--|--|--|----------------|--|
| <b>IDENTIFICATION</b> | Last Name   |  | First Name |  | Middle Name  |  | Preferred Name |  |
|                       | Street Address  |  |            |  | City   |  | State Zip code |  |
|                       | Email Address   |  |            |  | Cell Phone   |  | Home Phone     |  |
|                       | How did you hear about our Company?   |  |            |  | Were you referred to the Company? If yes, by whom?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                |  |
|                       | Do you have any relatives that work for our Company? If yes, please list name and relation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |            |  | Have you ever worked for our Company? If so, when:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                |  |

|                 |  |  |  |  |   |  |  |  |
|-----------------|--|--|--|--|---|--|--|--|
| <b>POSITION</b> | Primary Position Desired   |  | Secondary Position Desired   |  | Salary Desired  |  | When are you able to start?  |  |
|                 | What is your availability to work?<br><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, Number of Hours _____ |  |  |  | What shift are you available?<br><input type="checkbox"/> Morning Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift |  |  |  |
|                 | Available to work overtime (if necessary)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              |  | Able to work weekends?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Able to travel?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Do you have a reliable means of transportation to/from work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |   |  |  |  |
|---|--|--|---|--|--|--|
| <b>PERSONAL</b>   | If hired, can you provide proof of eligibility to work in the United States?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Are you 18 years of age or older?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Can you furnish proof of your age?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | <b>Education</b> List name and location.   |  | Grade/Years Completed   |  | Graduated? Major   |  |
|   | High School/GED  |  | 9 10 11 12  |  | N/A  |  |
|   | College/Junior College   |  | 1 2 3 4   |  |  |  |
|   | Graduate School  |  | 1 2 3 4   |  |  |  |
|   | Business/Trade School  |  | 1 2 3 4   |  |  |  |
|   | <b>Military</b><br>Have you ever served in the United States Armed Forces?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide skills acquired relevant to the position desired: |  | If yes, which branch and final rank?  |  | If yes, provide dates of service   |  |
| <b>Skills</b><br>List any foreign languages that you know<br>_____<br><input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write |  | Software Skills<br><input type="checkbox"/> Excel <input type="checkbox"/> Windows <input type="checkbox"/> Kronos <input type="checkbox"/> PointClickCare<br><input type="checkbox"/> Word <input type="checkbox"/> Internet <input type="checkbox"/> Other _____ |   |  |  |  |

|                               |   |  |                              |                             |
|-------------------------------|---|--|------------------------------|-----------------------------|
| <b>ADDITIONAL INFORMATION</b> | Have you ever used any other name than you are currently using?<br>If yes, please list all names used:                            |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                               | As an employee, have you ever been involuntarily discharged or asked to resign?<br>If yes, please explain in detail:              |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                               | Are you able to perform the job function essentials of the position for which you are applying,<br>with or without accommodation? |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                               | If required, are you willing to have a pre-employment physical and/or drug test?  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

An affirmative answer to any of these question may not necessarily disqualify you from consideration of employment

