

FOR PERSONNEL USE ONLY

EMP. # _____

DEPT. _____

DOH _____

SAL. _____

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF MEDICAL CONDITION OR HANDICAP.

ENTIRE APPLICATION MUST BE COMPLETED FOR CONSIDERATION

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE: ADVERTISEMENT FRIEND RELATIVE EMPLOYMENT AGENCY OTHER

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

PHONE NUMBER: () _____ SOCIAL SECURITY NUMBER _____
AREA CODE

HAVE YOU FILED AN APPLICATION HERE BEFORE? YES NO DATE _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES NO DATE _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

ARE YOU LEGALLY ENTITLED TO WORK IN THE COUNTRY? YES NO

DO YOU HAVE A VALID DRIVER LICENSE? YES NO

ARE YOU AVAILABLE TO WORK? FULL TIME PART TIME SHIFT WORK

ARE YOU ON LAY-OFF OR SUBJECT TO RECALL? YES NO

ARE YOU 18 YEARS OF AGE OR OVER? YES NO

DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? YES NO

IF YES LIST NAME(S): _____

DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU PLEADED GUILTY OR NO CONTEST (NOLO CONTENDER) TO, A FELONY OFFENSE? NO YES

IF YES, EXPLAIN: _____

*(ANSWERING YES WILL NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT; HOWEVER, WE WOULD APPRECIATE AN EXPLANATION.)

IN CASE OF AN EMERGENCY NOTIFY: _____ RELATIONSHIP: _____ PHONE: () _____
AREA CODE

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

