

Application for Employment

Employment History		Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.					
Current or Most Recent		From	To	Company		Phone Number	Immediate Supervisor
		Mo. Yr.	Mo. Yr.				
	Job Title			Other reference with this employer			Name while Employed
	Salary	Nature of duties/areas worked				Reason for leaving	
1 st Previous		From	To	Company		Phone Number	Immediate Supervisor
		Mo. Yr.	Mo. Yr.				
	Job Title			Other reference with this employer			Name while Employed
	Salary	Nature of duties/areas worked				Reason for leaving	
2 nd Previous		From	To	Company		Phone Number	Immediate Supervisor
		Mo. Yr.	Mo. Yr.				
	Job Title			Other reference with this employer			Name while Employed
	Salary	Nature of duties/areas worked				Reason for leaving	
3 rd Previous		From	To	Company		Phone Number	Immediate Supervisor
		Mo. Yr.	Mo. Yr.				
	Job Title			Other reference with this employer			Name while Employed
	Salary	Nature of duties/areas worked				Reason for leaving	

Professional Reference (Other than Relatives)		Give two references who have good knowledge of your work.			
No.	Name	Position	Address (Include City/State)	Phone – Work/Home	Years Known
1.					
2.					

<p>PLEASE REVIEW AND SIGN WHERE INDICATED</p> <p>In making application for employment:</p> <ul style="list-style-type: none"> I certify that the information in this application is true and complete for all practical purposes. It may be verified by the company or any affiliate. Should a person be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the company or affiliates are relieved of all commitments, financially or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. 	<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF COMPANY POLICIES. I understand that the company reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the client facility. I understand that refusal to submit to a urinalyses, blood test or search, when requested to do so, may result in termination of employment. Compliance with the company's Substance Abuse Policy is a condition of employment. The company requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalyses test/screen for alcohol and drugs in accordance with company policy. Continued employment is also contingent upon compliance with the company's Alcohol and Drug Abuse Policy. 	<ul style="list-style-type: none"> I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal healthcare program, or receive a government contract. I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE COMPANY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE COMPANY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE PRESIDENT/CEO OF THE COMPANY. <p>RELEASE:</p> <p>I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
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<p>I have read and understand these conditions of employment.</p> <div style="text-align: right;"> </div>	<p>Applicant Signature</p>	<p>Date Prepared</p>
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Office Use Only	<input type="checkbox"/> Referred to Staffer/Department Head	<input type="checkbox"/> Hold for Future Opening	<input type="checkbox"/> Not Qualified for Opening
	<input type="checkbox"/> Recommended		<input type="checkbox"/> References Checked
	Date:	By:	