



EMPLOYMENT APPLICATION

GENERAL INFORMATION

1. Name: _____
(Last) (First) (Middle Initial)
2. Address: _____
(Street) (City) (State) (Zip Code)
3. Phone: () _____ () _____
(Home) (Work)
4. Social Security No.: _____
5. Position Desired: _____
 - a. Full-Time Yes No
 - b. Part-Time Yes No(If Yes, number of hours desired weekly: _____)
6. Salary/Wages Expected: \$ _____ per _____
7. Job assignments may at times require variable work schedules. Apart from religious observance, are you available and willing to work:
 - a. Overtime? yes no
 - b. On call? yes no
 - c. Other than Monday-Friday yes no
 - d. Hours before 8:00 am, after 5:00 pm? yes no
8. What date are you available to begin work? _____
9. Are you legally eligible for employment in the United States?
yes no

[continued on next page]

10. Have you previously applied for employment with this organization?

yes no

a. Approximate date: _____ b. Position: _____

11. Name(s) of relative(s) currently employed by this organization:

12. How did you learn about our position/organization? _____

EDUCATION/TRAINING

13. High school attended: _____
(Name) (City) (State)

14. Did you graduate? yes no

15. College attended: _____
(Name) (City) (State)

a. Course of study: _____

b. Did you graduate? yes no

c. Last year completed (circle one)? 1 2 3 4

16. Graduate/professional school(s) attended:

_____ (Name) (City) (State)

a. Degree(s) received: _____

17. Are you a student now? yes no

a. Where? _____

18. Are you now a licensed or certified member of any profession or trade?

yes no

If Yes:

a. Kind of license/certification: _____

b. State in which licensing/certification held: _____

c. License/certificate #: _____

19. Other special training or skills: _____

PREVIOUS EMPLOYMENT (begin with most recent position)

20. a. Employer name: _____

Address: _____

Employed (Month and Year) From: _____ To: _____

Name of Supervisor: _____

Salary/Wages: Start _____ Last _____

State job title and describe your work: _____

Reason for leaving: _____

b. Employer name: _____

Address: _____

Employed (Month and Year) From: _____ To: _____

Name of Supervisor: _____

Salary/Wages: Start _____ Last _____

State job title and describe your work: _____

Reason for leaving: _____

c. Employer name: _____

Address: _____

Employed (Month and Year) From: _____ To: _____

Name of Supervisor: _____

Salary/Wages: Start _____ Last _____

State job title and describe your work: _____

Reason for leaving: _____

REFERENCES

21. May we contact your present employer? yes

yes, but only upon contingent offer of employment

no (reason?) _____

22. List three references who are not related to you and are not previous employers.

Name	Address	Telephone No.
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

APPLICANT ACKNOWLEDGEMENT

I affirm that the information in this application is complete and accurate to the best of my knowledge and belief. I understand that, if employed, any falsification or omission of fact on this application shall be considered grounds for dismissal.

I authorize Regional Health Resource Center to investigate information contained in this application.

Legal signature of applicant _____

Date: _____

Regional Health Resource Center

Supplemental Employment Application: Delivery Service Driver

A. List all driving citations you have received during the past three years, specifying the date(s) and reason(s) you were cited:

1. _____ (date) (Reason for citation)

2. _____ (date) (Reason for citation)

3. _____ (date) (Reason for citation)

B. List all accidents you have been involved in, as a driver, during the past three years. List all accidents regardless of whether or not you were found to be at fault:

1. _____
(date) (details of accident)

2. _____
(date) (details of accident)

3. _____
(date) (details of accident)

C. Have you ever had your driver's license revoked or suspended?

yes no

If yes, give details: _____

D. Do you have experience driving an automobile equipped with a manual transmission?

yes no

Date

(Legal signature of applicant)

Regional Health Resource Center

Supplemental Employment Application: Mobile Unit Assistant

A. List all driving citations you have received during the past three years, specifying the date(s) and reason(s) you were cited:

1. _____
(date) (Reason for citation)

2. _____
(date) (Reason for citation)

3. _____
(date) (Reason for citation)

B. List all accidents you have been involved in, as a driver, during the past three years. List all accidents regardless of whether or not you were found to be at fault:

1. _____
(date) (details of accident)

2. _____
(date) (details of accident)

3. _____
(date) (details of accident)

C. Have you ever had your driver's license revoked or suspended?

yes no

If yes, give details: _____

D. Do you have experience driving an automobile equipped with a manual transmission?

yes no

E. Do you have a Class B driver's license?

yes no

Date

(Legal signature of applicant)