



Other Business College or special courses: (Include special military training, post graduate and nursing)			
Area(s) of specialization or major interest:	Typing: Approx. WPM	Shorthand: Approx. WPM	
List healthcare, business, or industrial equipment operated:			
<b>Professional Licenses</b>			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently licensed <input type="checkbox"/> Currently registered <input type="checkbox"/> Eligible for license <input type="checkbox"/> Eligible for registration License or registration <u>ever</u> suspended, revoked or on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently licensed <input type="checkbox"/> Currently registered <input type="checkbox"/> Eligible for license <input type="checkbox"/> Eligible for registration License or registration <u>ever</u> suspended, revoked or on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:			
<b>Professional Certifications</b>			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently Certified <input type="checkbox"/> Eligible for Certification			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently Certified <input type="checkbox"/> Eligible for Certification			
<b>Language – DO NOT COMPLETE UNLESS REQUESTED</b>			
Language	Do you speak? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	Do you read? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	Do you write? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
Language	Do you speak? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	Do you read? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	Do you write? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
<b>Armed Services/Volunteer Information</b>			
Did you serve in this U.S. Armed Services? <input type="checkbox"/> YES <input type="checkbox"/> NO   What branch?			
Have you volunteered your time or services? <input type="checkbox"/> YES <input type="checkbox"/> NO   Where?			
Briefly describe duties and skills acquired through military or volunteer service (include dates):			
<b>Previous Experience – Provide information regarding previous employment beginning with most recent employer</b>			
From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr)
Job Title: _____			
Employer Name: _____			
Address: _____			
Duties: _____			
Reason for leaving: _____			

From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr)
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Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr)
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Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr)
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Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr)
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Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Please identify and explain any gaps in employment longer than three (3) months:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References – List three (3) references who are not relatives			
Name and Relationship	Title	Company Name & Address	Telephone

**Signature – CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I hereby affirm that the information provided on this application (and accompanying resume) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter unto any agreement to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date: \_\_\_ / \_\_\_ / \_\_\_      Signature:   X  

## For Office Use Only

*To be completed after employed*

Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
References Checked and By whom:	
Reference #1	Date:
Reference #2	Date:
Reference #3	Date:
Personnel Notes (these notes are open to inspection – keep information factual)	
If applicant is 18 years old or less, is proof of age on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interviewer's Signature: <b>X</b>	
Starting date: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	Completion of evaluation period
	Approved by:
Department	Cost Center
	Signature: <b>X</b>
Position/Job Site	<input type="checkbox"/> Full Time <input type="checkbox"/> On call status <input type="checkbox"/> Part Time <input type="checkbox"/> Rotation
Starting Salary/Grade	Differential
Shift	Employee Number

Notify in case of emergency:

Name	Relationship	Address	Telephone