

EMPLOYMENT RECORD

Include all previous employers including part time employment, cooperative programs and summer work, beginning with present or most recent employer.

A. Name of Employer B. Business address	Dates employed Mo / Year	A. Position you held B. Name of supervisor	Earnings per hour	Reasons for leaving
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	

MILITARY RECORD

Branch of Service: _____ From: _____ To: _____

Present military affiliation: None Reserve (Active) Reserve (Inactive)

Kinds of training and duty while in service: _____

PROFESSIONAL / WORK REFERENCES

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name: _____ Relationship: _____

Address: _____ Occupation: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Occupation: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Occupation: _____ Telephone: _____

May we contact your current employer? Yes No

Wage salary required: _____ Date available: _____

SPECIAL SKILLS/ QUALIFICATIONS/CERTIFICATIONS: BLS ACLS PALS Other _____

PROFESSIONAL LICENSURE OR CERTIFICATION

Has any certifying and/or licensing agency, authority or board ever initiated sanctions, discipline or denied you a license because of conduct, professional performance or substance abuse? Yes No N/A

If yes, please give date(s) and details: _____

OUTSIDE INTERESTS

(Exclude those indicating race, color, religion, sex, national origin, age or handicap)

PRE-EMPLOYMENT STATEMENT

(Please read carefully and sign the statement below)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the Company's employ.
2. An offer of employment I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer, pre-employment medical examination that the Company may require. I also agree, if employed, to submit to a medical examination at any time at the Company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to the Company.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any such alcohol or drug screening that I may be required to undergo disclosed to the Company.
4. Pursuant to a separate authorization and disclosure statement, in processing my application for employment, the Company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request of the Company, I will be informed whether an investigative consumer report was requested, and will be given full information as to the nature and scope of this investigation.*
5. I authorize any request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Company, and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, other than the Administrator, CEO, or the Human Resources Manager, has any authority to enter into any agreement with me for employment for any specific period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature

Date: _____

INTERNAL USE ONLY

Date: _____

Action: _____

VOLUNTARY INFORMATION

APPLICANT TRACKING EQUAL EMPLOYMENT OPPORTUNITY (EEO) DATA

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

This form will be kept in your personnel file if hired.

Name (Last, First, MI):

Street Address:

City, State, Zip Code:

Location:

Position Applied For: _____

Gender Identification (check one)

Female Male

Race/Ethnic Identification (check one)

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

EMPLOYEE SIGNATURE

DATE