**Application for Employment**

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| **PERSONAL** | First Name | Middle | Last Name | Social Security Number | **LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Street Address | City | State | Zip Code |
| Have you ever applied with this company before?🞏 Yes 🞏 No If yes, when? | Are you 18 or older?🞏 Yes 🞏 No | Cell Phone # | Business Phone # |
| Have you ever worked with this company before?🞏 Yes 🞏 No If yes, when? | If referred by an employee, list their name and title: | Application Date |
|  |  |  |  |
| **WORK DESIRED** | Are you seeking:🞏 Full Time (35 + hrs/wk)🞏 Part Time (20-34 hrs/wk)🞏 Limited (10-19 hrs/wk)🞏 Fill In (as needed)🞏 Temporary/Seasonal | What is your availability?M \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Su \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position Title |
| Location: |
| Date available: |
| Earnings expected: |
|  |  |  |  |  |
| **EDUCATION / TRAINING** | SCHOOL NAME | DATES (Mo / Yr) | GRADUATED? | DIPLOMA/DEGREE | MAJOR |  |
| High School / GED | From To |  |  |  |
| College | From To |  |  |  |
| Graduate School | From To |  |  |  |
| Military | From To |  |  |  |
| Certificates/Licenses | Year Issued | Expiration | License # | State Issued: |
|  |  |  |  |  |
|  |  |  |  |  |
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| **SKILLS** | 🞏 Calculator🞏 Cash Handling🞏 Credit/Collections🞏 Call Center🞏 Multi-line phones | 🞏 Medical Insurance🞏 CPT, ICD codes 🞏 Medical Terminology🞏 Telephone Triage🞏 Health Care  | 🞏 Filing🞏 Alphabetical🞏 Numerical🞏 Secretarial🞏 Typing \_\_\_\_\_\_\_ wpm | 🞏 Medical Transcription🞏 Data Entry🞏 Computer Mainframe🞏 Supervision🞏 Valid Driver’s License |
| Have you ever been sanctioned by or excluded from participation in any government program, for any reason? 🞏 Yes 🞏 NoIf yes, please explain the circumstances, including when, where, and the name of the agency conducting the investigation: |
| Have you ever had your professional license or certificate suspended, denied or revoked? 🞏 Yes 🞏 NoIf yes, please explain: |
| Have you ever been discharged or requested to resign from any employment? 🞏 Yes 🞏 NoIf yes, please explain: |
| Have you ever been convicted of a crime other than a traffic violation? 🞏 Yes 🞏 NoIf yes, please list the date and nature of the conviction: |

**Please complete all information regardless of submitting a separate resume or other accompanying materials.**

Include any military experience, internship/externship, and volunteer work that may relate to the position for which you are applying.

**Begin with your CURRENT or MOST RECENT position.**

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| **EMPLOYMENT HISTORY** | Employer (Company Name) | Telephone( ) | FAX( ) |
| Title of Position You Held | Department | Full Name of Supervisor |
| Street Address | City | State | Zip Code |
| 🞏 Full-Time 🞏 Part-Time 🞏 Fill-In 🞏 Seasonal | Starting Salary$ |  Maximum Salary Earned$ | Employment Dates (Mo / Yr)From: To: |
| Summarize your Job Duties: |
| Reason for Leaving: \_ |
| Employer (Company Name) | Telephone( ) | FAX( ) |
| Title of Position You Held | Department | Full Name of Supervisor |
| Street Address | City | State | Zip Code |
| 🞏 Full-Time 🞏 Part-Time 🞏 Fill-In 🞏 Seasonal | Starting Salary$ | Maximum Salary Earned$ |  Employment Dates (Mo / Yr)From: To:  |
| Summarize your Job Duties: |
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| Employer (Company Name) | Telephone( ) | FAX( ) |
| Title of Position You Held | Department | Full Name of Supervisor |
| Street Address | City | State | Zip Code |
| 🞏 Full-Time 🞏 Part-Time 🞏 Fill-In 🞏 Seasonal | Starting Salary$ | Maximum Salary Earned$ | Employment Dates (Mo / Yr)From: To:  |
| Summarize your Job Duties: |
| Reason for Leaving: \_ |

**Is all previous work experience listed?** 🞏 Yes 🞏 No If no, please attach resume or additional employment history.

May we contact your present employer for a reference? 🞏 Yes 🞏 No

If work or educational experience was obtained under another name, please indicate the name and dates used.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information on this application is complete, true and correct. I also give authorization to check the references and statements on this application and release anyone furnishing information from all liability or damage to me related to the information provided.

I understand that I may be required to take pre-employment physical and submit to drug testing.

I also understand and agree that if I am employed my employment can be terminated with or without cause or reason and with or without prior notice, at any time.

I also understand and agree that no one except the senior executive of my employing entity has the authority to enter into any agreement, whether oral or written, to employ me on any other basis than is stated in the preceding paragraph.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_