

EMPLOYMENT APPLICATION

PERSONAL DATA

Name _____ Social Security No. _____
 Present Address _____ City _____ State _____ Zip _____
 Telephone No. Home _____ Telephone No. Business _____
 Previous Address _____ City _____ State _____ Zip _____
 Position applied for _____

Would you accept another position? Yes No Date available for employment ____ / ____ / ____

Are you willing to work:

Overtime (over 40 hrs./wk.) Yes No
 On call Yes No
 Rotating shifts. Yes No
 Nights. Yes No
 Weekends (Sat./Sun.) Yes No
 Holidays Yes No
 Travel Yes No

Indicate applicable work skills:

Typing _____ WPM Shorthand _____ WPM
 Keypunch _____ SPH
 Word processor _____ (system)
 Transcription Yes No
 Other job-related skills _____

How were you referred to this organization? _____

Do you have any relatives working for this organization? Yes No

If yes, name _____ Department _____

Have you ever been employed by this organization? Yes No

If yes, position _____ Department _____

Are you a U.S. citizen? Yes No If no, do you have a legal right to work in the United States? Yes No

Have you ever been denied a bond? Yes No If yes, please explain _____

Are you older than 18? Yes No If no, please specify age _____

Are you able to perform the duties of this job with reasonable accommodation? Yes No

If accommodations are needed, please describe _____

Since reaching 18, have you ever been convicted of a misdemeanor or a felony? (Note: convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.) Yes No

If yes, please explain _____

In an emergency, notify (Name) _____

Address _____ Telephone No. _____

EDUCATION

School: Name and Address	Course of Study	Circle Year Completed	Did you graduate?	Diploma/Degree
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Business or Professional		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are now attending school, indicate where and the course of study _____

Professional licenses/certificates

Type	State	Exp. Date	Registration No.
Driver's License (if you will use a vehicle)			

READ and SIGN OTHER SIDE



EMPLOYMENT HISTORY

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.	FROM	TO	Immediate Supervisor	Last Salary Hourly, Monthly or Yearly

Job title _____

Employer name, address and telephone _____

Duties _____

Reason for leaving _____

Job title _____				
Employer name, address and telephone _____				
Duties _____				
Reason for leaving _____				

Job title _____				
Employer name, address and telephone _____				
Duties _____				
Reason for leaving _____				

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MILITARY SERVICE

Branch _____ Rank _____ Job Classification _____

Are you presently a member of the National Guard or the Reserves? Yes No

May we run an employment check from the employers listed above? Yes No

Has notice been given to present employer? Yes No

Is there any additional information relative to change in name necessary to check your work history? Yes No

If yes, please explain _____

Please list references (not relatives or employers) to contact who are acquainted with your work history.

	Name	Title/Occupation	Company/Address	Telephone
1.				
2.				
3.				

Make any comments you feel are pertinent to your application _____

PLEASE READ CAREFULLY BEFORE SIGNING

I authorize you to make any investigation and to obtain all lawful information which you deem necessary in connection with this application and to circulate such information to the appropriate persons who consider this application. I request and authorize all references and former employers to supply information about me verbally or in writing to you. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from their furnishing such information. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that I may be required to complete a medical exam for initial and continued

employment. I further understand that in the event I am employed, such employment is at will and I agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without prior notice. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract. I and my potential employer mutually agree that any claim or dispute between us, whether related to this application for employment or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration

clause, shall be exclusively resolved utilizing a two-step Alternate Dispute Resolution (ADR) process as follows: 1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and 2) Failing settlement by mediation, we agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under the NAF Code of Procedure in effect at the time any claim is made, the Dispute Resolution Policy and the Arbitration Rules of Dispute Systems, Inc., or its successor. Any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction. In signing this Application, I am expressly waiving any right to trial by jury or judicial appeal.

Date _____ Signature _____

