



Applicant Information

Applicant's Name: _____ Date of Birth: _____

Phone Number: _____ Other Phone: _____

Email Address _____

Current Address: _____

P.O Box: _____ City _____ State & Zip _____

How were you referred to Company?

Do you have a Medicaid Provider Number? _____ If yes, # _____

Employment Positions

Position(s) applying for: _____

Are you applying for?

- Temporary work – such as summer or holiday work? [] Y or [] N
- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N

What days and hours are you available for work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times of Availability							



If hired, on what date can you start working? _____ / _____ / _____

Are you available to work overtime? [] Y or [] N

Salary desired: \$ _____

Personal Information:

Have you ever applied to / worked for Company before? [] Y or [] N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Company? [] Y or [] N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? [] Y or [] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)

[] Y or [] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Y or [] N

If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed

_(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that



affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Previous Experience

Previous Employer: _____

Job Position: _____

Dates: From _____ to _____

Responsibilities:

Previous Employer: _____

Job Position: _____

Dates: From _____ to _____

Responsibilities:

Previous Employer: _____

Job Position: _____

Dates: From _____ to _____

Responsibilities:



Education & Training

High School:

School's Name: _____

Address: _____ City: _____

State/Zip: _____

Number of years completed: _____

Degree / diploma earned: _____

College / University:

University's Name: _____

Address: _____ City: _____

State/Zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma earned: _____

Emergency contact information

Full name: _____

Last Name

First Name

Middle Name

Address: _____ City: _____

State/Zip: _____ Primary phone :(_____) _____ Cell
phone:(_____) _____

Relationship to Employee: _____