

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Personal Information

Full Name: _____ Date: _____

Address: _____

Phone (Day): _____ Phone (Evening): _____

City: _____ State: _____ Zip: _____ Social Security: _____

DOB: _____ Are you a citizen of the United States of America? ☐ Yes ☐ No

Visa: _____ Expiration Date: _____

(I understand that if I am hired, I will be required to provide documentation evidencing my eligibility to work in the United States.)

What shifts are you willing to work? ☐ Days ☐ Nights ☐ Weekends ☐ 12-Hour

Will you consider per diem? ☐ Yes ☐ No Will you consider part-time employment? ☐ Yes ☐ No

Have you applied here before? ☐ Yes ☐ No When? _____

How did you hear about us? _____ If you were referred by a current Space Coast Sleep Disorders Employee, please list the person's full name: _____

Position applied for? _____ When can you start? _____

Expected salary: _____

Have you ever pled guilty to or been convicted of anything other than a minor traffic violation?

☐ No ☐ Yes If yes, please explain: _____

Have you ever been charged with an offense (other than a minor traffic violation) where adjudication of guilt has been withheld pending probation? ☐ No ☐ Yes

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Type of Business: _____

Describe the work you did for this company: _____

Job Title _____ Reason for leaving _____

May we contact this employer? ☐ Yes ☐ No

If no, please explain: _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Type of Business: _____

Describe the work you did for this company: _____

Job Title _____ Reason for leaving _____

May we contact this employer? ☐ Yes ☐ No

If no, please explain: _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Type of Business: _____

Describe the work you did for this company: _____

Job Title _____ Reason for leaving _____

May we contact this employer? ☐ Yes ☐ No

If no, please explain: _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EDUCATION

Name of School	# Years	Year Grad.	Degree
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Drivers License # _____ State _____ Expiration _____

Professional License: _____ Number: _____ State: _____

Technical Certification: _____ Year Received: _____

Has there ever been an investigation surrounding your license? ☐ No ☐ Yes

If yes, please explain: _____

Has your license ever been suspended or revoked? ☐ No ☐ Yes

If yes, please explain: _____

Have you ever been excluded, suspended, debarred or otherwise sanctioned from participation in any federal health care program? ☐ No ☐ Yes

If yes, please explain: _____

Have you been discharged from any employment or asked to or been forced to resign? ☐ No ☐ Yes

If yes, please explain: _____

Military Service / Special Training

Are you a veteran of the U.S. Military service? ☐ Yes ☐ No

Duty Dates: _____ Type of Discharge: _____

A dishonorable or general discharge is not an absolute bar to employment. Other factors will affect the final decision to hire or not to hire.

List any special training related to the position you are applying for that you received while in the Armed Forces: _____

Special Training / Skills

Please list any special training and skills you have acquired that relate to the position you have applied for on this application: _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

For Personnel Department only

Remarks _____

_____ Interview report by _____

Accurate Credit Bureau fax 626 398-0642

I wish to order ☐ Credit Report ☐ DMV Records ☐ Reference Verification ☐ Criminal Records