

COMPANY NAME: \_\_\_\_\_

## Employment Application

VARIOUS FEDERAL, STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR MARITAL STATUS. WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTIONS WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING.

### Personal Information

Name (last)	(first)	(middle)	Date of Application:							
Home Address		City	State	Zip						
Home Telephone ( )	Business Telephone ( )		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Position Applying for: _____ Date Available: _____ Are you interested in (check all that apply): <input type="checkbox"/> PRN <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	Days and Hours Available	Day	Mon.	Tues	Wed.	Thurs.	Fri.	Sat.	Sun.	
		From								
		To								
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No What percent? _____ %								
How were you referred to the Company? Current employee _____ (Name) Newspaper _____ (Name) Internet Advertisement _____ Other _____										

### Legal Information

1. Are you legally eligible to be employed in the United States?  Yes  No If no, do you have a legal right and the necessary documents to work in the U.S.?  Yes  No  
(In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.)

2. Were you ever discharged by any company?  Yes  No If yes, give name of company(ies): \_\_\_\_\_  
Reason for discharge: \_\_\_\_\_

3. Have you ever been excluded, precluded, suspended, debarred from or had your participation in any federal or state health care program or hospital privileges limited in any way, including voluntary withdrawal from a program for an agreed to definite or indefinite period of time?  Yes  No  
If yes, explain: \_\_\_\_\_

4. Have you ever been convicted of a criminal offense related to Medicare or Medicaid, or a state health care program?\* (Do not include (1) convictions while a minor; (2) convictions that have been sealed or expunged by court order; or statutorily erased; or (3) convictions that are more than seven years old)  Yes  No  
If yes, explain: \_\_\_\_\_

Please note that answering "yes" to this question will not be an absolute bar to an offer of employment; all facts and circumstances, including the relationship between the conviction and the nature of employment sought, age at the time of the offense, the severity and nature of the offense, and efforts at rehabilitation will be considered. Include date, city and state of each conviction.

**\*Notice to candidates in Massachusetts:** DO NOT ANSWER THIS QUESTION. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal and civil liability.

**\*Notice to candidates in New York:** Do not include conviction or adjudications as a "youthful offender" as defined in 720.35(1) of the Criminal Procedure Law.

**\*Notice to candidates in Washington:** Answer "yes" to this question only if the conviction or release from prison was within the last 10 years, and it is reasonably related to the duties or functions of the position for which you are applying. You should answer "no record" if a conviction has been sealed, vacated or expunged or otherwise statutory eradicated.

#### ADDITIONAL STATE LAW NOTICES:

##### Notice to candidates in Maryland:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00. By your signature on page 3 of the employment application, you acknowledge that you have read and understand this statement.

## Education

Type of School	Name and Location of School			Degree/Area of Study	Number of Years Attended	Graduated (check one)
High School	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
College	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Graduate School	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Other	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			

## Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

May we contact your present employer?  Yes  No Past employer?  Yes  No Please indicate if you were employed under a different name \_\_\_\_\_

Job Title	Dates Worked From _____ To _____	Starting Pay \$ _____ per _____ Ending Pay \$ _____ per _____
Name of Employer	Name of Supervisor	
Address: _____ City _____ State _____ Zip Code _____		
Telephone Number: ( ) _____	Reason for Leaving: _____	
Duties Performed: _____ _____ _____		

Job Title	Dates Worked From _____ To _____	Starting Pay \$ _____ per _____ Ending Pay \$ _____ per _____
Name of Employer	Name of Supervisor	
Address: _____ City _____ State _____ Zip Code _____		
Telephone Number: ( ) _____	Reason for Leaving: _____	
Duties Performed: _____ _____ _____		

Job Title	Dates Worked From _____ To _____	Starting Pay \$ _____ per _____ Ending Pay \$ _____ per _____
Name of Employer	Name of Supervisor	
Address: _____ City _____ State _____ Zip Code _____		
Telephone Number: ( ) _____	Reason for Leaving: _____	
Duties Performed: _____ _____ _____		

Have you previously worked for the Company or any of its subsidiaries?  Yes  No

Name: \_\_\_\_\_ Location: \_\_\_\_\_

City & State: \_\_\_\_\_ Position held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References**

Business references: (Do not list relatives - please indicate if you were employed under a different name)				
Name	Employer	Title	Work #	Years Known

**U.S. Military Service**

Branch of Service	Technical Specialization	Rank Attained

**Special Skills**

Typing Speed	PC Software	Other Equipment
/wpm		

**Please Read Carefully**

In submitting this application for employment, I understand that a background investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record, criminal history, medical sanction history, etc. In submitting this application for employment, I understand that at any time during my employment with the Company or any of its affiliate centers, I may be asked to have a drug test performed. I authorize anyone possessing this information to furnish to the Company and/or a third party company upon request, and I release anyone so authorized, the Company and any third party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand and agree that if employed, the employment will be "at will." That is, either I or the Company may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by the Company does not imply employment and that this application and/or any other Company documents are not contracts of employment.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date