



## EMPLOYMENT HISTORY

List current for most recent employer first and all others in reverse chronological order.

Company Name		Dates Employed	
		From	To
		Month   Year	Month   Year
Address (Street, City, State, Zip)		Phone	Starting Salary \$
			Ending Salary \$
Position Title		Immediate Supervisor's Name and Title	
Job Description of Responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?	
Company Name		Dates Employed	
		From	To
		Month   Year	Month   Year
Address (Street, City, State, Zip)		Phone	Starting Salary \$
			Ending Salary \$
Position Title		Immediate Supervisor's Name and Title	
Job Description of Responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?	
Company Name		Dates Employed	
		From	To
		Month   Year	Month   Year
Address (Street, City, State, Zip)		Phone	Starting Salary \$
			Ending Salary \$
Position Title		Immediate Supervisor's Name and Title	
Job Description of Responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?	
Company Name		Dates Employed	
		From	To
		Month   Year	Month   Year
Address (Street, City, State, Zip)		Phone	Starting Salary \$
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Position Title		Immediate Supervisor's Name and Title	
Job Description of Responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?	
Company Name		Dates Employed	
		From	To
		Month   Year	Month   Year
Address (Street, City, State, Zip)		Phone	Starting Salary \$
			Ending Salary \$
Position Title		Immediate Supervisor's Name and Title	
Job Description of Responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?	

**REFERENCES (list three references who are not relatives or former employers)**

Name and Relationship	Title	Company Name and Address	Telephone

**AVAILABILITY INFORMATION**

Day	From	To
Sunday	AM	AM
	PM	PM
Monday	AM	AM
	PM	PM
Tuesday	AM	AM
	PM	PM
Wednesday	AM	AM
	PM	PM
Thursday	AM	AM
	PM	PM
Friday	AM	AM
	PM	PM
Saturday	AM	AM
	PM	PM

Are you available to work:

Weekends  Yes  No      Holidays  Yes  No  
 Rotating Shifts  Yes  No      On Call  Yes  No

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator of this institution.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such an investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to any physical examination and such future physical examinations as may be required by the institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to all essential duties I would be required to perform.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date