



**LANGUAGE SKILLS: (OTHER THAN ENGLISH)**

Please identify other languages that you speak: \_\_\_\_\_

Read: \_\_\_\_\_ ; Including Sign Language: \_\_\_\_\_

Area of specialization or major interest. \_\_\_\_\_

Word Processing:  Yes  No What Word Processing Equipment are you familiar with? \_\_\_\_\_

Are you a veteran of the United States military service?  Yes  No

If yes, please state branch of service: \_\_\_\_\_

Please list any job - related professional, trade, business or civil activities, organizations and associations. You may omit those which indicate race, color, religion, national origin, ancestry, sex or age:

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL LICENSES AND / OR CERTIFICATIONS**

ARE YOU:

Currently:  Registered; No. \_\_\_\_\_  Licensed; No. \_\_\_\_\_  Certified; no. \_\_\_\_\_

Eligible:  Registration  Licensure  Certification

**IF LICENSED, REGISTERED, OR CERTIFIED**

Type	No.	State Issued	Date Issued	Expiration
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Do you consider yourself to be able to perform all of the duties required by the job for which you are applying, without endangering yourself, other employees or residents?  Yes  No

If no, please explain: \_\_\_\_\_

Do you have any physical or medical condition that would prevent you from performing or safely performing the essential duties of the position for which you are applying?  Yes  No

If yes, please indicate what may be done to accommodate your limitations:

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please provide the names, address, and telephone numbers of at least two references who are not related to you whom you have known at least one year:

\_\_\_\_\_  
\_\_\_\_\_

Beginning with your current or last employer, list the last four positions of employment held in date order.

Name of Employer	FROM		TO	
	Month	Year	Month	Year
Address	Telephone		No of Hours / Week _____	
City, State, Zip			Starting Salary _____	
Position:	Supervisor		Ending Salary _____	
Description of Duties:				
Reason for Leaving:				
Person To Contact for References:				

Name of Employer	FROM		TO	
	Month	Year	Month	Year
Address	Telephone		No of Hours / Week _____	
City, State, Zip			Starting Salary _____	
Position:	Supervisor		Ending Salary _____	
Description of Duties:				
Reason for Leaving:				
Person To Contact for References:				

Name of Employer	FROM		TO	
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Address	Telephone		No of Hours / Week _____	
City, State, Zip			Starting Salary _____	
Position:	Supervisor		Ending Salary _____	
Description of Duties:				
Reason for Leaving:				
Person To Contact for References:				

Name of Employer	FROM		TO	
	Month	Year	Month	Year
Address	Telephone		No of Hours / Week _____	
City, State, Zip			Starting Salary _____	
Position:	Supervisor		Ending Salary _____	
Description of Duties:				
Reason for Leaving:				
Person To Contact for References:				

Please identify and explain all periods of unemployment in excess of one month during the past five years:

Period of Unemployment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Unemployment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts on this application may be cause for the denial of my application or, if I am employed, discharge at any time.

I authorize the investigation of all statements contained in this application and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you.

In consideration of my employment I agree to conform to the rules and regulations of (company) \_\_\_\_\_ and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time,

at the option of either (company) \_\_\_\_\_ or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by

(company) \_\_\_\_\_.

I understand that no representative of (company) \_\_\_\_\_, other than its Administrator,

has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

As a condition of employment, I understand that testing for drug and alcohol use, determined to be appropriate by management, may be requested either before being hired or at any time during my employment with (company) \_\_\_\_\_.

I also understand that a photograph may be requested after employment.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of the applicant's identity and legal authority to work in the United States.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

#### REFERENCE VERIFICATION

Phone

Mail

Date Mailed

By Whom

Response:

### TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

Person to be contacted in the event of an accident or emergency

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_