



**Application for Employment**

*Please print clearly*

**Personal**

Date: \_\_\_\_\_

Name (last, first) \_\_\_\_\_

Present address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone no. \_\_\_\_\_

Email address: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Rate of Pay expected: \_\_\_\_\_

Would you work: Full-time  Part-time  Specify days & hours available: \_\_\_\_\_

Have you ever been employed or applied at SouthCare? \_\_\_\_\_

If your application is considered favorably, when would you be available to start? \_\_\_\_\_

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider. \_\_\_\_\_

Hobbies/Recreation interests: \_\_\_\_\_

Are you 18 years of age or older?.....  yes  no

Do you have a valid driver's license? .....  yes  no

Driver's license number: \_\_\_\_\_ State \_\_\_\_\_

Have you have your driver's license revoked or suspended in the last 3 yrs?.....  yes  no

If hired, can you furnish proof you are eligible to work in the U.S.? .....  yes  no

Have you ever been convicted of a felony?.....  yes  no  
(A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.)

If yes, explain: \_\_\_\_\_

**References:**

Name and occupation	Address	Phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Memberships in Professional or Civic Organizations (do not include racial, religious, or nationality groups)**

Name/description of Organization	Dates of Active Participation	Offices held
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Education Record

High School: \_\_\_\_\_

College or University: \_\_\_\_\_

Business/Trade/Correspondence School: \_\_\_\_\_

Other: \_\_\_\_\_

Are you a licensed technician? yes no If yes, with what state(s)? \_\_\_\_\_

Computer experience: \_\_\_\_\_

Other office machines/equipment you know how to operate: \_\_\_\_\_

## Work History

(Begin with most recent, list all past employers. Fill in any information not included in your submitted resume.)

Name of Company	Address, City, State	Phone no.
Type of business	Immediate Supervisor	Dates employed
Exact job title	Earnings at hire/at termination	Reason for leaving
Description of duties		

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**Affidavit**

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further considerations for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained by neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For employer's use only	
Interviewer 1: _____	(Initials/Date)
Interviewer 2: _____	(Initials/Date)
Working interview: _____	(Initials/Date)
Reference check: _____	
_____	
_____	
_____	
Interview results/comments: _____	
_____	
_____	
_____	
_____	