

ELLIS PT PRE-EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date of Application: _____

Applicant's Name: _____ Home Phone: _____

Present Address: _____
No. Street City State Zip

Are you Over 18? Yes No

Are you a US citizen? Yes No

If No, Do you have the legal right to be employed in the United States? Yes No

Position applied for: _____ Salary Desired: _____

Full Time Part Time PRN List any foreign languages you speak: _____

Date you are available to start: _____ Have you applied here before? Yes No

Are you employed now? _____ May we contact your present employer? _____

What work schedule would you prefer? Do you have reliable transportation? Yes No

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> 8:00am-5:00pm | <input type="checkbox"/> Willing to rotate shifts? |
| <input type="checkbox"/> 8:30am-5:30pm | <input type="checkbox"/> Flexible hours |
| <input type="checkbox"/> 9:00am-6:00pm | <input type="checkbox"/> Afternoons only |
| <input type="checkbox"/> 11:00am-7:00pm | <input type="checkbox"/> Mornings only |

Have you ever been convicted of a crime (excluding minor traffic violations) including driving while intoxicated?

Yes No. If yes, please explain: _____

Who should be contacted in the event of an emergency? _____

Have you ever served in the military? Yes No. If yes, please list what branch, date of entry and date of discharge, highest rank held. _____

Are you in the Reserves? Yes No. If yes, what unit? _____

Do you have any defect or illness that may limit your ability to perform the particular job for which you are applying? Yes No. If yes, please explain: _____

Are you currently under a physician's care? Yes No. If yes, please explain: _____

Approximate number of work days missed last year? _____

Education

Name of High School: _____

Graduated? Yes No

Name of College: _____ Graduated? Yes No

Degree: _____

Courses Studied: _____

Other School or Training: _____

Professional License or Registration: Type _____ State _____

Registration No. _____ Date: _____

Please list any scholastic honors, offices held and activities involved in during school:

Summarize special skills and qualifications acquired from employment or other experience:

Professional Organizations: _____

Hobbies, Talents and Interests: _____

Previous Employment

Company: _____ Phone: _____

Dates of employment: _____ to _____ Job Title: _____

Rate of pay: Starting: _____ to Final: _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

Reference: _____ Phone: _____

Company: _____ Phone: _____

Dates of employment: _____ to _____ Job Title: _____

Rate of pay: Starting: _____ to Final: _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

Reference: _____ Phone: _____

Company: _____ Phone: _____

Dates of employment: _____ to _____ Job Title: _____

Rate of pay: Starting: _____ to Final: _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

Reference: _____ Phone: _____

Please list any other references

Name: _____ Phone: _____

Yrs. Acquainted: _____ How you are acquainted? _____

Name: _____ Phone: _____

Yrs. Acquainted: _____ How you are acquainted? _____

Name: _____ Phone: _____

Yrs. Acquainted: _____ How you are acquainted? _____

Please read and sign:

I authorize investigation of all statements contained in this application. I understand that my employment is contingent upon receipt of satisfactory recommendations from former employers and references. I agree to submit a statement from licensed medical doctor or practitioner that I am physically able to work, should an offer of employment be made to me. I also understand that the use of this form in no way obligates this office. Any statements made by me that are proven false will be considered cause for dismissal. Finally, if I am hired, I understand that I will be a probationary employee for six (6) months.

Signature: _____ Date: _____