

***APPLICATION FOR EMPLOYMENT***  
***(AN EQUAL OPPORTUNITY EMPLOYER)***

It is the policy of this facility to provide equal opportunity to all employees and applicants without regard to race, color, creed, religion,

Date you can begin work: \_\_\_\_\_

Do you desire part-time, full-time, or prn (‘ a s n ) e w o r k : e d ’ \_\_\_\_\_

Are you willing to work days? Yes      No

Are you willing to work evenings? Yes      No

Are you willing to work nights? Yes      No

Are you willing to work weekends and holidays? Yes      No

Are you willing to work overtime when scheduled or requested? Yes      No

Are you willing to work a variable work schedule, such as 3 days and 2 evenings per week? Yes      No

Have you ever been employed here? Yes      No

If Yes, give the position and dates worked: \_\_\_\_\_

List the business machines and/or equipment you can operate (key-punch machine, typewriter, computer, billing machine, x-ray or other medical equipment): \_\_\_\_\_  
\_\_\_\_\_

List any educational, vocational and/or professional information, such as special area(s) of training, fluently spoken language(s), etc., that are relevant to your application: \_\_\_\_\_  
\_\_\_\_\_

What is your salary expectation? \_\_\_\_\_

What are your long-range occupational goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn of this facility? \_\_\_\_\_

Did anyone refer you to this facility for employment purposes? Y e s      N o

**EDUCATIONAL BACKGROUND:**

Circle highest grade completed:





If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_