

### Employment Application Form

This establishment does not discriminate in hiring on the basis of race, color, age, religion, creed, national origin, sex, or ancestry, or on the basis of a disability that does not limit the applicant's ability to perform the available job satisfactorily. No questions on this form are intended to secure information to be used for such discrimination.

**All questions must be fully and accurately answered.  
Read the application completely before filling it out.**

<b>Name</b>			<b>Date</b>
<b>Address</b>			<b>Phone Number</b>
<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Social Security Number</b>

Position Desired: \_\_\_\_\_

Do you have any physical conditions that may limit your ability to perform the job(s) to which you are applying, or that would significantly increase hazards to yourself, to others, or to the work facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_

If hired, on what date would you be available to start work? \_\_\_\_\_

If hired, would you have reliable transportation to get to work? \_\_\_\_\_

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**PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY**

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**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

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## EDUCATION

Type of School	School Name and Address	Course of Study	Did you graduate?
High School			
College			
Business			
Other			

## EMPLOYMENT HISTORY

Please account for all time since leaving school, or the last five years.

Dates	Company and Supervisor	Title and Salary	Duties	Reason for Leaving
to	Supervisor:			
to	Supervisor:			
to	Supervisor:			
to	Supervisor:			

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## EMPLOYMENT APPLICATION AGREEMENT

1. I hereby declare that all statements and answers in this application are true and complete, and agree that any untruth, misleading answer, omission, concealment, or failure to answer any question fully, completely, and accurately will be grounds for terminating my employment.
2. I authorize investigation of my references, communication with my former employers concerning the same, an independent investigation of my employment record, and the keeping and preserving of records of such an investigation.
3. If employed, upon termination of my employment I will return all company property and records in my possession.
4. If employed, I agree to be bound by, and comply with, the organization's rules and regulations. This establishment will give this application every consideration. However, the use of this form does not indicate that there are any positions open and does not in any way obligate this establishment.

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

*This sample document contains information that you may use or modify for your practice's needs. Your needs may vary based upon the laws in your state. This document does not constitute legal advice.*

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**DO NOT WRITE BELOW THIS LINE**

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**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acceptable for employment? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If hired:**

**Reporting date:** \_\_\_\_\_ **Probation start date:** \_\_\_\_\_

**Hourly rate:** \_\_\_\_\_

**Performance evaluation schedule:**

**30 days** \_\_\_\_\_

**Hours:** \_\_\_\_\_

**90 days** \_\_\_\_\_

**One year** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Hired by:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_