

APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

GENERAL INFORMATION			Date		
Position(s) Applied Fe	or (1 <u>)</u>				
Name					
	Last	First	Mid	dle	
Address					
	Number	Street	City Sta	te Zip	
Home Phone ()	E-ı	mail address: _		
Cell Phone () Social Security #					
If under 18, can you provide a work permit? Yes No					
Have you ever filed an application here before? ☐ Yes ☐ No If yes, give date					
Have you ever been employed here before? ☐ Yes ☐ No If yes, give date					
Are you currently employed?					
If yes, may we contact your employer? ☐ Yes ☐ No					
If hired, are you legally eligible for employment in the United States? Yes No (Proof of legal work status will be required upon employment)					
Employment desired: Full-Time Part-Time Per Diem Temporary					
When are you available to start?					
Shifts available to work Days Days Weekends Hours:					
Can you travel locally	v if a job requires it? ☐] Yes □ No			
EDUCATION					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing	g address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School					
College					
Graduate School					
					1

Bus. or Trade School				
Professional School				
Special Honors	L	I		
COMPUTER SKILLS (Only for positions	which require computer skills)	1		
Check off those computer skills with which y	ou are proficient (any version).			
☐ PC User ☐ Macintosh User ☐ Microsoft Excel ☐ Microsoft Published	☐ Windows er ☐ Microsoft Powerpoint	☐ Micros	soft Word	_
DRIVER'S LICENSE	□ N-			
Do you have a driver's license? Yes Driver's license	□ No			
number	State of issue		Operator 🔲	Commercial (CDL)
□Chauffeur				
Expiration date	<u> </u>			
OTHER SPECIAL SKILLS				
Please list other special skills you may have position for which you are applying, etc.	e, e.g., fluency in other language	s, licenses, s	pecial training red	quired for the
WORK EXPERIENCE Please list your work experience beginning wit sheets if necessary.	th your most recent job. If you we	re self-employ	yed, give firm name	e. Attach additional
Most Recent Employer	Dates Employed		Work Performed	
	From:			
	То:			
	Final pay rate:			
Address	Supervisor			
Job Title	Reason for Leaving			

Employer	Dates Employed	Work Performed
	From:	
	То:	
	Final pay rate:	
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed	Work Performed
	From:	
	То:	
	Final pay rate:	
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed	Work Performed
	From:	
	То:	
	Final pay rate:	
Address	Supervisor	
Job Title	Reason for Leaving	

AVAIL HEALTH SERVICES RELEASE OF INFORMATION (APPLICANT WILL SIGN & DATE)

	, authorize AVAIL HEALTH SERVICES to make inquiries of my
ner	
(Print your name)	
loyers regarding my past employment r poses of assessing my qualifications for	record, including dates of employment, salary, performance evaluation, etc., for the remployment.
NATURE:	DATE:
REFERENCES Please list two references other than re	elatives. Prior employers preferred.
Name	Name
Position	Position
Company	Company
Address	Address

Thank you for applying to Avail Health Services.