

ASHLEY MEDICAL CENTER APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition, handicap or disability, sexual orientation, citizenship status or any other status protected by law. We are an Equal Opportunity Employer.

Date: _____

PERSONAL:

Name: _____ SS# _____

Street Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

Position(s) applied for: _____

Who referred you to our company?

Advertisement Private Employment Agency Friend Relative Gov't Agency Other

Are you of legal age to work? Yes No If NO, a work permit will be required.

To the best of your knowledge, are you legally eligible to work in the United States? Yes No
(Should you be hired, you will be required by law to provide documents verifying employment eligibility)

Date you are available to start work ____/____/____ Salary or wages desired: \$ _____ Hr Wk.

What type of employment are you applying for? Full Time Part Time Night Shift Temporary
If you are applying for Part Time, Night, Shift or Temporary employment, please specify dates you are available.

Mon.:__ a.m./p.m. to ____ a.m./p.m. Tues.:__ a.m./p.m. to ____ a.m./p.m.

Wed.:__ a.m./p.m. to ____ a.m./p.m. Thurs.:__ a.m./p.m. to ____ a.m./p.m.

Fri.:__ a.m./p.m. to ____ a.m./p.m. Sat.:__ a.m./p.m. to ____ a.m./p.m.

Sun: __ a.m./p.m. to ____ a.m./p.m.

NOTE: Every consideration will be given to work availability information provided by an applicant; however, there is no guarantee the company can offer employment that accomodates applicants'

Have you ever applied for work here before? Yes No If YES, enter date here ____/____/____

Were you ever employed by us before? Yes No If YES, enter date here ____/____/____

If you are applying for Full Time employment, can you work overtime if necessary? Yes No

Are you employed at the present time? Yes No If YES, can we contact your present employer? Yes No

Do you have any relatives now employed by this company? Yes No If YES, list name(s) and department:

Have you ever been bonded in prior employment? Yes No If YES, list name(s) of employer(s):

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? Yes No
If YES, list convictions: (a conviction does not necessarily disqualify an applicant for the position being applied for).

EDUCATION

HIGH SCHOOL

Name _____
Location _____

Number of years completed _____ Did you graduate? Yes No

What was your course of study? Academic Business Trade or Technical Other _____

COLLEGE

Name _____
Location _____

Number of years completed _____ Did you graduate? Yes No G.P.A. _____

What was your major? _____ Degree: _____

Did you enroll in a post-graduate course of education? Yes No If "Yes", what was your post-graduate field of study?
_____ Degree: _____

Trade, Business or Correspondence School

Name: _____
Location: _____

Number of years completed _____ Did you graduate? Yes No

What was your course of training or study? _____

SPECIAL QUALIFICATIONS OR SKILLS

Use this space to describe any special qualifications or skills you have acquired.

If computer skills are required for the job position you have applied for check the boxes that apply to your experience.

- PC Mac Software applications: Word Processing Accounting Data Processing Graphics
 Presentation E-mail Internet Other

FOREIGN LANGUAGES

Indicate foreign language(s) you are familiar with:

Language: Fluent Good Fair Speak Read Write

Language: Fluent Good Fair Speak Read Write

MEMBERSHIPS

List Business, Trade, Professional, Community or Activities Memberships and any offices you may have held. (Exclude organizations the name and character of which would reveal race, religion, national origin or any other protected status):

PRIOR EMPLOYMENT

(Start with most recent employer)

Employer:	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name:		
	Starting salary/wages		
Reason for Leaving:	Final salary/wages:		
Employer:	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name:		
	Starting salary/wages		
Reason for Leaving:	Final salary/wages:		
Employer:	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name:		
	Starting salary/wages		
Reason for Leaving:	Final salary/wages:		
Employer:	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name:		
	Starting salary/wages		
Reason for Leaving:	Final salary/wages:		

MILITARY SERVICE

Were you a member of the U.S. Armed Forces? Yes No Branch: _____

Describe briefly your military duties? _____

_____ Years served: _____ Rank at discharge: _____

PERSONAL REFERENCES

List three personal references (*exclude relatives or former employers*).

NAME

ADDRESS

TELEPHONE

APPLICANT'S STATEMENT

The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or any false statement contained herein may be considered cause for possible dismissal.

The Company, in compliance with the provisions of the Fair Credit Reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

This application will be considered valid for a period of 60 days. After 60 days it will be necessary for me to submit a new application.

Signature of Applicant

Date