



Application For Employment

Applicants will be considered without regard to race, color, religion, creed, gender, national origin, age, handicap / disability, marital or veteran status, or any other legally protected status. Please answer all questions. If a question does not apply to you, put N/A.

(PLEASE PRINT)

Form with fields: Position(s) Applied For, Date of Application, Last Name, First Name, Middle Initial, Maiden Name, Address: Number, Street, City, State, Zip Code, Telephone Number(s), Social Security Number

Have you ever been employed with us before? [ ] Yes [ ] No If Yes, give date \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Do you have any relatives employed by NARMC? [ ] Yes [ ] No If Yes, give name(s) \_\_\_\_\_

Do you have a legal right to work in the United States? [ ] Yes [ ] No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: [ ] Full Time [ ] Part Time [ ] Temporary [ ] Shift Work What hours are you available for work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? [ ] Yes [ ] No

Have you been convicted of a felony within the last 7 years? [ ] Yes [ ] No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

Additional Information

Specialized Skill

Check Skills / Equipment Operator

- [ ] Meditech Systems [ ] PC [ ] Spreadsheet [ ] Calculator [ ] PBX System [ ] Microsoft Office [ ] Wordprocessor Can you speak, read and/or write any foreign languages? \_\_\_\_\_

Education

Did you graduate from high school? [ ] Yes [ ] No Do you have a G.E.D.? [ ] Yes [ ] No

Table with 3 columns: Education Level (High School, Undergraduate College, Graduate Professional, Other), Dates Attended (From, To), Course of Study / Diploma Degree

Professional Licenses, Registrations and / or Certifications: \_\_\_\_\_

References

1. \_\_\_\_\_ (Name) (Address) Phone #

2. \_\_\_\_\_ (Name) (Address) Phone #

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. If you do not have enough space below, use a separate sheet for continuations.

<b>Employer</b>		<b>Dates Employed</b>		
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate / Salary</b>		
		Starting	Final	
Job Title	Supervisor			<b>Reason for Leaving</b>
<b>Employer</b>		<b>Dates Employed</b>		
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate / Salary</b>		
		Starting	Final	
Job Title	Supervisor			<b>Reason for Leaving</b>
<b>Employer</b>		<b>Dates Employed</b>		
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate / Salary</b>		
		Starting	Final	
Job Title	Supervisor			<b>Reason for Leaving</b>

Are you presently employed?  Yes  No - May we contact your present employer for a reference?  Yes  No  
 May we contact your former employers for a reference?  Yes  No

Describe any specialized training, apprenticeship, skills and extra-curricular activities. \_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States military. \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

\_\_\_\_\_

(Attach a separate sheet if necessary.)

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will", which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I understand by checking this box it serves as my electronic signature.

## For Personnel Office Use Only

Date

Interviewer

Position

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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