

**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)

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

High School	Dates Attended		Course of Study / Diploma Degree
	From	To	
Address			
Undergraduate College	Dates Attended		Course of Study / Diploma Degree
	From	To	
Address			
Graduate Professional	Dates Attended		Course of Study / Diploma Degree
	From	To	
Address			
Other (Specify)	Dates Attended		Course of Study / Diploma Degree
	From	To	
Address			

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_