

THE LEACH HOME

Employment Application



APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Street Address							Apartment/Unit #			
City					State				ZIP	
Phone					E-mail Address					
Date Available					Social Security No.				Desired Salary	
Type of Work Desired										
1 st Choice:										
2 nd Choice:										
3 rd Choice:										
Are you 18 years of age or older?		YES <input type="checkbox"/>		NO <input type="checkbox"/>						
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone	()				
Address										
Full Name					Relationship					
Company					Phone	()				
Address										
Full Name					Relationship					
Company					Phone	()				
Address										

PREVIOUS EMPLOYMENT										
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$		Ending Salary	\$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$		Ending Salary	\$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$		Ending Salary	\$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>										
If so, for what, when and where?										
Conviction of a criminal offense will not necessarily preclude your employment.										
AVAILABILITY INFORMATION										
Primary Position Desired										
Will you accept another position?					If so, what?					
Are you able to work:			Weekends: YES <input type="checkbox"/> NO <input type="checkbox"/>			Holidays: YES <input type="checkbox"/> NO <input type="checkbox"/>				
			Rotating Shifts: YES <input type="checkbox"/> No <input type="checkbox"/>			On Call: YES <input type="checkbox"/> NO <input type="checkbox"/>				
Would you agree to a 3 month probationary period, as indicated in our Personnel Policies, in the event that you are hired? YES <input type="checkbox"/> No <input type="checkbox"/>										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that conditions may require me to temporarily work shifts other than the ones for which I am applying and agree to such scheduling changes as directed by my department head or Administrator of this institution.										
Signature					Date					

If your availability status changes, it is your responsibility to notify your department head or the Administrator. Such changes will be effective, then, for any future employment.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age, or physical or mental disability unrelated to ability to perform the work required. No questions on this application are intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or corporations supplying such information. I consent to provide a physical examination and such future physical examinations that may be required by this institution. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for a misstatement or omission of fact appearing on this application form.

If employed I will be required to complete an Employment Verification form (K-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicants Signature

DOB

Date