Employment / Contractor Application



	EIVIPLOTEE / C	ONTRACTOR INFORMA	ATTON				
Name:							
Last	First	Middle	Position that you ap	pply for			
Telephone:	_Email:		Alternate telephone:				
Address:							
Are you able to perform the esthe position with or without ac Yes No	I am able to: ☐ Yes s License? Yes ☐ ving: Issuing state	☐ No					
I am legally eligible for employ Yes No	ment in the U.S.?		3				
I am seeking a permanent position: Yes No Work the following shifts: (check all that apply)							
I will be able to report to work days after being notified I am hired. Any Day Night Swing Rotating Split Graveyard Other:							
My expected Hourly rate is: \$(Please be specific)							
	EMPL	OYMENT HISTORY					
List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.							
Employer name and address:	Position title/duties, skil	lls:	Start dat	e: End date:			
			Reason f	or leaving:			
D 4							
Pay: \$ Per:	Supervisor:	Telephone:					
Employer name and address:	Position title/duties, skil		Start dat	e: End date:			
			Reason f	or leaving:			
Pay: _\$							
Per:	Supervisor:	Telephone:					
Employer name and address:	Position title/duties, skil	lls:	Start dat	e: End date:			
			Reason f	or leaving:			
Pay: \$							
Per:	Supervisor:	Telephone:					

EDUCATION								
Years								
	Institution name	completed	Field of study	Gra	duate or degree			
I li ala calacal	The traction rights	completed						
High school College/university								
Business/technical								
Additional								
		MILI	TARY	·				
Are you a veteran? Duty/specialized training	Yes	☐ No						
SKILLS & QUALIFICATIONS								
Other qualifications such as special skills, abilities or honors that should be considered:								
Types of computers, software, and other equipment you are qualified to operate or repair:								
Professional licenses, certifications or registrations:								
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:								
REFERENCES								
List two personal references who are not relatives or former supervisors.								
Name	Address	Te	elephone	Occupation	Years known			
Name	Address	Τe	elephone	Occupation	Years known			
CONTACT								
In case of accident or	illness inlease contact: N	lame:		Daytime phone:				
In case of accident or illness, please contact: Name: Address:				Relationship:				
	INF	ORMATION T	O THE APPLICANT					
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary, for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.								
Signature of Applicant				Date				

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.