



Equal Opportunity Employer
Application for Employment

PERSONAL INFORMATION

Name: (Last, First, Middle Initial)	Date:	Telephone Number: (cellular) (home)	
Address:	City:	State:	Zip Code
Are you 18 years or older: ___Y ___N		Are you either a U.S. Citizen or authorized to work in the U.S? ___Y ___N	

EMPLOYMENT INFORMATION

Position Applying for:	Date you can start:	Salary Desired:
Are you employed now? ___Y ___N If yes, may we contact your present employer? ___Y ___N	Have you ever been convicted of a felony? ___Y ___N If yes, provide location and date of conviction.	
Have you ever applied or worked for the Network? ___Y ___N	If yes, when?	
Are you related to any employee within this company? ___Y ___N	If yes, whom?	
Individual referred by?	Address:	Telephone:
Would you require accommodation to perform the functions of this job? ___Y ___N If yes, please describe accommodations: Do you understand the duties of the job for which you have applied? ___Y ___N Do you know of any reason why you cannot perform the duties? ___Y ___N		

*****If attaching a resume, you still are required to complete below*****

EDUCATION

School Level	Name	Address, City, State	Did you graduate?	Type of Degree Earned	Years Attended
High School			Y / N		
College			Y / N		
Other			Y / N		

FORMER EMPLOYERS (List below your last three employers, starting with the most recent one.)

Name of Present or Last Employer:			
Address:	City	State	Zip:
Job Title:	Starting Date:	Leave Date:	
Starting Salary:		Ending Salary:	
May we contact your supervisor? ___Y___N	Name of Supervisor:	Title:	Phone Number:
Duties:			
Reason for Leaving:			

Name of Previous Employer:			
Address:	City	State	Zip:
Job Title:	Starting Date:	Leave Date:	
Starting Salary:		Ending Salary:	
May we contact your supervisor? ___Y___N	Name of Supervisor:	Title:	Phone Number:
Duties:			
Reason for Leaving:			

Name of Previous Employer:			
Address:	City	State	Zip:
Job Title:	Starting Date:	Leave Date:	
Starting Salary:		Ending Salary:	
May we contact your supervisor? ___Y___N	Name of Supervisor:	Title:	Phone Number:
Duties:			
Reason for Leaving:			

TRAINING

Special Certification: _____	City, State: _____
License _____	Issuing agency _____ Ref# _____
Other training/skills: _____	

PERSONAL REFERENCES

	Name	Address	Phone	Relationship	Years Acquainted
1					
2					
3					

If you are hired by the Network, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired or remain employed if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered.

I understand that any employment is conditioned on a background check. I authorize the Network to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Network, without giving me prior notice of such disclosure. In addition, I release the Network, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

If employed, I agree to submit to a medical examination or drug test at any time deemed appropriate by the Network and as permitted by law, I consent to such examinations and tests, and I request that the examining doctor disclose to the Network the results of the examination, which results shall remain confidential and segregated from my personnel file.

I understand that filling out this form does not indicate there is a position open and does not obligate the Network to hire me. If hired, I agree to abide by all policies and procedures. The Network retains the right to revise its policies or procedures, in whole or in part, at any time. Information contained is in no way to be interpreted as a contract between the Network and myself.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be AAT WILL@ and without fixed terms, and may be terminated, with or without cause, and with or without notice, at anytime, at the option of the Network or myself. No promise regarding employment has been made to me, and I understand that any promise concerning employment with the network must be made in writing and accepted by me to be binding upon the Network.

Signature _____ Date _____

Print Name: _____