

Mainline Health Systems Application for Employment

*We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation or any other legally protected status.

All Applicants May Be Tested for Illegal Drugs

Date _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip

How Long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____

And salary desired (2) _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired _____ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME

Date available for work? _____

EDUCATION INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBERS OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___NO ___YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

WORK EXPERIENCE

*Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates From To	Pay or Salary Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No
 Did you complete this application yourself? Yes No
 If not, who did? _____

DRIVING HISTORY	
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation? _____	
Driver's License Number _____	Expiration Date _____ State of Issue _____
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____

REFERENCE

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. 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 45 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 of an "at will" nature, 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 an authorized executive 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 rules and regulations of the employer.

Signature of Applicant _____ Date _____