Application for Employment

Abraham’s Bosom Care LLC does not discriminate in hiring or employment based on race, color, religion, national origin, age, sex, disability, sexual orientation, Vietnam era military service, or any other basis on which discrimination is prohibited by federal, state, or local laws. No question on this application is intended to secure information to be used for such discrimination.

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| PERSONAL INFORMATION | | | | | | | | |
| NAME (LAST NAME FIRST) | | | | | | | | |
| PRESENT ADDRESS | |  | CITY |  | STATE |  | ZIP CODE |  |
| PERMANENT ADDRESS | |  | CITY |  | STATE |  | ZIP CODE |  |
| PHONE NO. | ( ) | | ARE YOU 18 YEARS OF AGE OR OLDER? £ Yes £ No | | | | | |

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| EMPLOYMENT QUESTIONS | | | | | |
| POSITION DESIRED |  | | DATE AVAILABLE TO WORK | | SALARY DESIRED |
| ARE YOU EMPLOYED? £ Yes £ No | | | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? £ Yes £ No | | |
| EVER APPLIED TO THIS COMPANY BEFORE? | | £ Yes £ No | WHERE? | WHEN? | |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? £ Yes £ No | | | |  | |
| REFERRED BY: Temporary Agency £ Advertisement £ Other £ \_\_\_\_\_\_\_  Employee (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| EDUCATION | | | | | | | | | |
| NAME AND LOCATION OF SCHOOL | | | | YEARS ATTENDED | | DID YOU GRADUATE? | | SUBJECTS STUDIED | |
| HIGH SCHOOL/GED | |  | |  | |  | |  | |
| COLLEGE | |  | |  | |  | |  | |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL | |  | |  | |  | |  | |
| OTHER | |  | |  | |  | |  | |
| LIST ANY LICENSES, AWARDS, CERTIFICATIONS, OR REGISTRATIONS PERTINENT TO YOUR APPLICATION. | | | | | | | | | |
| **EMPLOYMENT HISTORY** (Attach a resume or separate sheet to list additional employment.)  (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST) | | | | | | | | | |
| DATE (MONTH/YEAR) | NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER | | POSITION | | SUPERVISOR’S NAME | | SALARY | | REASON FOR LEAVING |
| FROM |  | |  | |  | |  | |  |
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| **REFERENCES** (PLEASE SIGN REFERENCE CHECKING FORM FOR EACH REFERENCE.) | | | |
| NAME | RELATIONSHIP AND TITLE | COMPANY NAME AND ADDRESS | TELEPHONE NUMBER |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| ADDITIONAL INFORMATION |
| Please list any other job-related information you think would be helpful to us in considering you for the position, such as any additional work experience, volunteer activities, hobbies, social activities, clubs or professional organizations (list offices held), publications, accomplishments, etc. (Exclude information indicative of race, color, religion, sex, age, marital status, national origin, disability, or veteran status.) |

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| **SIGNATURE AND AUTHORIZATION** |
| Acceptance of this application affords no assurance of eventual employment. If employed, you will be required to verify your ability to legally accept employment in the United States. For certain jobs, background investigations, to include contacting former employers, may be required. This application does not constitute a contract of employment. Employment and compensation can be terminated with or without notice, and with or without cause, at any time.  I have read the foregoing instructions and question and to the best of my knowledge my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that misrepresentation of any of the above may be cause for termination. |
| Signature of Applicant Date |