Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

LAST NAME | FIRST | MIDDLE INITIAL

Personal Information

DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. — —	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	EMAIL ADDRESS	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? ☐ YES ☐ NO

EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE	WHEN

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

HOW DID YOU FIND OUT ABOUT THIS POSITION?
☐ EMPLOYMENT AGENCY ☐ NEWSPAPER ADVERTISING ☐ FRIEND ☐ ONLINE AD ☐ OTHER
☐ STATE EMPLOYMENT OFFICE ☐ COLLEGE PLACEMENT SERVICE ☐ WALK IN ☐ WEBSITE

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK

SPECIAL TRAINING, CERTIFICATIONS, LICENSES

SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? ☐ YES ☐ NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

Former Employers *(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)*

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY $	WEEKLY FINAL SALARY $	MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY $	WEEKLY FINAL SALARY $	MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY $	WEEKLY FINAL SALARY $	MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References *(LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)*

NAME	ADDRESS	BUSINESS	PHONE

Special Purpose Questions

*DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS **CHECKED THE BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.*

☑ Are you a U.S. citizen? ☐ Yes ☐ No

☑ Have you been convicted of a ☐ Felony or ☐ Misdemeanor within the last 5 years? ☐ Yes ☐ No Describe: ☐

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

☑ I understand and agree that I may be required to take one or more: ☐ physical examination; ☐ drug test; ☐ lie detector test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). ☐ Yes ☐ No

☐ I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. ☐ Yes ☐ No

☐ Are you able to perform each of the following job functions with or without an accomodation?

JOB FUNCTION #1 _____ ☐ Yes ☐ No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

_____

_____

JOB FUNCTION #2 _____ ☐ Yes ☐ No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

_____

_____

JOB FUNCTION #3 _____ ☐ Yes ☐ No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

_____

_____

☐ Were you ever seriously injured? ☐ Yes ☐ No Give details. _____

_____

☐ What foreign languages do you speak fluently? _____

What foreign languages do you write fluently? _____

What foreign languages do you read fluently? _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

_____ _____

DATE SIGNATURE

Do Not Write On This Page - For Interviewer's Use Only

INTERVIEWED BY	DATE
REMARKS	
NEATNESS	CHARACTER
PERSONALITY	ABILITY

INTERVIEWED BY	DATE
REMARKS	
NEATNESS	CHARACTER
PERSONALITY	ABILITY

INTERVIEWED BY	DATE
REMARKS	
NEATNESS	CHARACTER
PERSONALITY	ABILITY

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
APPROVED 1: EMPLOYMENT MANAGER:				DATE
APPROVED 2: DEPARTMENT MANAGER:				DATE
APPROVED 3: GENERAL MANAGER:				DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Item #9287 and Tops Item #3287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

(PLEASE PRINT OR TYPE)

Applicant Name: (first middle last)	**Current Address: (street address)**
Other Name(s) Used: (like maiden)	**City: State: Zip:**
Social Security Number:	**Former Address: (1)**
Sex: Race:	**City: State: Zip:**
Driver's License No: State of Issue:	**Former Address: (2)**
Date of Birth:	**City: State: Zip:**

Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.

Signature:_____ Date:_____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

For employment purposes, Dundy County Hospital may obtain information about you from a third-party consumer reporting agency. This information may be provided in a "consumer report" or "investigative consumer report" and may address your character, general reputation, personal characteristics, or mode of living. The investigation may include interviews with your neighbors, friends, or associates, as well as reviews of your credit and criminal history, Social Security verification, motor vehicle records ("driving records"), education and employment history, and other background information. Credit history will be requested only when it is relevant to the duties and responsibilities of the position for which you are applying.

Upon written request made within a reasonable time, you may ask whether a consumer report has been obtained about you, request details about the nature and scope of any investigative consumer report and obtain a copy of your report. The most common investigative consumer report concerns employment history or verification. However, this disclosure authorizes Dundy County Hospital, to the extent permitted by law, to obtain any type of consumer report from an outside organization throughout your employment.

ACKNOWLEDGMENT AND AUTHORIZATIO FOR BACKGROUND CHECK

I acknowledge that I received, read, and understand the separate document titled DISCLOSURE REGARDING BACKGROUND INVESTIGATION. I authorize Dundy County Hospital to obtain consumer reports and investigative consumer reports at any time after receiving this authorization and, if applicable, throughout my employment. For this purpose, I authorize any law enforcement agency, administrator, federal or state agency, public or private institution, school or university, information service bureau, employer, or insurance company to provide any available background information without restriction. I agree that a facsimile ("fax"), electronic, or photographic copy of this authorization is as valid as the original.

Signature:_____ Date:_____