

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Office Use Only							
	FCCC						
	CVV/FCAL						
	FCHC						

	Last Name	First	Middle	Date			
	Street Address			Home Telephone ()			
	City, State, Zip			Business Telephone ()			
PERSONAL	Have you ever applied for employment with us? Yes No If yes: Month and Year			Social Security #			
	Position Desired	Desired		Pay Expected			
	Are you legally eligible for e	employment in the United S	tates? Yes No	Will you work overtime if asked? Yes No			
Δ.	How did you hear about Field Crest Care Center/position?						
	Membership in professional and civic organizations (Exclude those which may disclose your race, color, religion, age or national origin). Other special training or skills (languages, machine operation, etc.), special accomplishments or awards.						

				No. of				
EDUCATION	School	Name and Location of School	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma		
	Graduate				Y N If yes: Year			
	College				Y N If yes: Year			
	Business/Trade/Technical				Y N If yes: Year			
	High School				Yes No			
	Are all Licenses/Certifications current? Yes No							
	If "no" explain							
	MILITARY			Did you serve in the U.S. Armed Forces? Yes No				
Describe any training received relevant to the position for which you are applying.								

employment record. Start with your present or most **EMPLOYMENT** recent employer Company Name Telephone () Employed – (State month and year) Address From 1 Name of Supervisor Hourly Pay Start Last State Job Title and Describe Your Work Reason for leaving Company Name Telephone Employed – (State month and year) Address From To 2 Name of Supervisor **Hourly Pay** Last Start State Job Title and Describe Your Work Reason for leaving Company Name Telephone Address Employed – (State month and year) From 3 Name of Supervisor **Hourly Pay** Start Last State Job Title and Describe Your Work Reason for leaving DO NOT CONTACT We may contact the employees listed above unless you indicate those you Employer Number (s) Reason do not want us to contact. Please read and understand this statement before signing your application: The information I provided in this Application for Employment is true. False, incomplete or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment. I authorize the employer to obtain information about me from previous employers, educational institutions and other parties to verify the accuracy of information in this application, a related employment resume or personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all **SIGNATURE** other persons who provide information for this purpose. This application will expire in 30 days. Unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application. This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer. I accept all terms and conditions in the above statement.

Signature___

Please give accurate, complete full-time and part-time

Date_____