

Employment Application – Sleep Solutions of Fredericksburg



1 – Personal Information

APPLICANT'S NAME (LAST, FIRST M.)		TODAY'S DATE	
DATE OF BIRTH		SOCIAL SECURITY NO.	
STREET ADDRESS		TELEPHONE NUMBER	PRIMARY NO.
CITY		HOME () _____ - _____	<input type="checkbox"/>
STATE		CELL () _____ - _____	<input type="checkbox"/>
ZIP CODE	BEST TIME TO CONTACT:		
POSITION DESIRED		E-MAIL ADDRESS:	
DESIRED HOURLY RATE		AVAILABLE DATE TO START	
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?		<input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES) WHEN:	

2 – Education

SCHOOL	NAME & LOCATION	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/ COURSE OF STUDY
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE/ GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROFESSIONAL LICENSE(S) HELD: <input type="checkbox"/> CRT <input type="checkbox"/> LPN <input type="checkbox"/> REEGT <input type="checkbox"/> RN <input type="checkbox"/> RRT <input type="checkbox"/> RST <input type="checkbox"/> RPSGT		LIST ANY JOB-RELATED PARTICAPTED ORGANIZATION:		
OTHER _____ LICENSE #: _____		STATE:	YEARS OF SERVICE:	

3 – Employment History (start with the most recent)

COMPANY NAME		MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS STREET ADDRESS		OFFICE NO. () _____ - _____ EXT. _____	
CITY		MANAGER/ SUPERVISOR:	
STATE	ZIP CODE	JOB TITLE	YEARS OF EXPERIENCE
EMPLOYED (MONTH/ YEAR) FROM:	TO:	STARTING HOURLY RATE	FINAL HOURLY RATE
REASON FOR LEAVING:			

COMPANY NAME		MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS STREET ADDRESS		OFFICE NO. () _____ - _____ EXT. _____	
CITY		MANAGER/ SUPERVISOR:	
STATE	ZIP CODE	JOB TITLE	YEARS OF EXPERIENCE
EMPLOYED (MONTH/ YEAR) FROM:	TO:	STARTING HOURLY RATE	FINAL HOURLY RATE
REASON FOR LEAVING:			

COMPANY NAME		MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS STREET ADDRESS		OFFICE NO. () _____ - _____ EXT. _____	
CITY		MANAGER/ SUPERVISOR:	
STATE	ZIP CODE	JOB TITLE	YEARS OF EXPERIENCE
EMPLOYED (MONTH/ YEAR) FROM:	TO:	STARTING HOURLY RATE	FINAL HOURLY RATE
REASON FOR LEAVING:			

4 – Miscellaneous

WERE YOU EVER DISCHARGED BY ANY COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, LIST THE NAME(S) OF THE COMPANY(IES): _____ _____
REASON FOR DISCHARGE: _____ _____
DID YOU EVER RECEIVE ANY DISCIPLINARY ACTIONS FROM EMPLOYER (i.e. WRITE UP, DEMOTIONS, SUSPENSIONS etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE THE CIRCUMSTANCES: _____ _____
WERE YOU EVER CONVICTED OF <input type="checkbox"/> MISDEMEANOR, <input type="checkbox"/> FELONY OR <input type="checkbox"/> CONVICTED IN MILITARY COURT MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHERE DID YOU HEAR ABOUT THIS JOB OPPORTUNITY? _____

5 – STATEMENT AND AUTHORIZATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

I (print name) _____ certify that all of the information provided in this application and during the interview is true and complete. I authorize *Sleep Solutions of Fredericksburg* to investigate all of the information contained in this application and the information provided during the interview. I understand that any misrepresentation or falsely provided information may lead to immediate dismissal.

I authorize *Sleep Solutions of Fredericksburg* to contact my previous employers regarding my work history including my work performance, job titles, responsibilities, compensation and other important job related information that is pertinent to this application process. I also release anyone involved in providing the necessary information requested by *Sleep Solutions of Fredericksburg* from all claims and liabilities that may arise in the future upon the release or use of the obtained information.

I understand that *Sleep Solutions of Fredericksburg* may require a medical examination, including drug and alcohol screening during my employment; I agree to cooperate with this company policy.

I also authorize *Sleep Solutions of Fredericksburg* to deduct any amount from my wage or salary that is owed to the company as a result of overpayment, loss or destruction of property and or any other monies that I may lawfully owe *Sleep Solutions of Fredericksburg*.

Signature _____

Date _____