



APPLICATION FOR EMPLOYMENT

We are a Drug-Free Workplace
An Equal Opportunity Employer

Date: _____

General Information

Name _____ Social Security Number _____
 Home Phone _____
 Address _____
 Street _____
 City _____ State _____ Zip _____
 Cell Phone _____
 Beeper _____

Are you over the age of 18? Yes No Do you have the legal right to work in the United States? Yes No

Were you previously employed at The Oaks? Yes No If yes, when? _____

Do you have any relatives employed at The Oaks? Yes No If yes, who? _____

Have you ever been convicted of, pled guilty to, or pled no contest to any offense other than a minor traffic violation? (Answering yes will not automatically bar employment. Failing to answer truthfully will bar employment or cause termination.) Yes No If yes, describe all offenses: _____

Have you ever been discharged from employment? Yes No. If so, why? _____

Position applied for _____ Date Available _____

Rate of Pay expected _____ Part-time Full-time Please circle the shifts you are willing to work 7-3, 3-11, 11-7, 7a-p, 7p-a

Driver's License # _____ State _____ Expiration Date _____

Please list any special skills, experiences, professional associations or honors which you feel would qualify you for the job which you have applied:

Referral Source: Responding to an Ad; Walk-In; Referred by Friend/Relative; Referred by Employee: _____

Education

School Name	Location	Circle grade completed	Diploma/Degree
High School		1 2 3 4 5 6 7 8 9 10 11 12	
College		1 2 3 4 Post Grad 1 2 3 4	
Technical School		Course of study:	
Other			

For positions requiring submission of certificates, licenses, etc. this application is not complete until such documentation is received.

Professional license/registration/certification held _____ License Number _____

Expiration Date _____ States in which currently licensed _____

Please list clerical/computer skills, office or other equipment you can operate _____

Previous Employment - List all previous employment for the past 10 years. Attach additional paper if necessary. If presently employed, may we contact? ____ Yes ____ No

Employer _____ Job Title & Duties _____

Address _____ Supervisor _____

City, State, Zip _____ Reason for Leaving _____

From _____ To _____ Phone _____ Verified _____

Employer _____ Job Title & Duties _____

Address _____ Supervisor _____

City, State, Zip _____ Reason for Leaving _____

From _____ To _____ Phone _____ Verified _____

Employer _____ Job Title & Duties _____

Address _____ Supervisor _____

City, State, Zip _____ Reason for Leaving _____

From _____ To _____ Phone _____ Verified _____

Personal References - List 3 people, not relatives, you have known for at least one year.

Name	Address	City/State/Zip	Phone
------	---------	----------------	-------

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be sufficient cause for denial of employment or discharge. I also agree and/or understand that I will be required to successfully pass a post-offer, pre-employment medical examination as a condition of employment. The conditional employment offer may be withdrawn based on the results of the medical examination. **I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between The Oaks and myself for either employment or for the providing of any benefits.** No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon The Oaks unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that The Oaks retains the same right. I authorize all persons, schools, companies and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibility arising from their doing so.

Applicant's Signature Date