

**APPLICATION FOR EMPLOYMENT (print, fill out, and mail or drop off)**

**PERSONAL**

Name: \_\_\_\_\_  
Last First MI.

Social Security #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever applied for employment with us?

- Yes
- No

Position Desired: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Training/Skills to consider for your employment: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Are you available to work full-time?

- Yes
- No

Expected start date: \_\_\_\_\_

Will you work overtime if needed?

- Yes
- No

Are you eligible to work in the United States?

- Yes
- No

Are you a citizen of the United States?

- Yes
- No

Are you over 18 years of age?

- Yes
- No

If not, your employment may be subject of age verification.

**EDUCATION**

College \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Business \_\_\_\_\_ Date of Graduation \_\_\_\_\_

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

**MILITARY SERVICE**

Did you ever serve in the Armed Forces?

- Yes
- No

Branch: \_\_\_\_\_

**EMPLOYMENT HISTORY**

1)

Name	Phone Number
Address	Dates of Employment
Name of Supervisor	Reason for Leaving

Address	Dates of Employment
Name of Supervisor	Reason for Leaving
Position	Weekly Pay Rate
<b>3)</b>	
Name	Phone Number
Address	Dates of Employment
Name of Supervisor	Reason for Leaving
Position	Weekly Pay Rate
<b>4)</b>	
Name	Phone Number
Address	Dates of Employment
Name of Supervisor	Reason for Leaving
Position	Weekly Pay Rate

We may contact the employers list above unless you indicate those you do not want us to contact.

**DO NOT CONTACT: Employer Name** \_\_\_\_\_

**Reason:** \_\_\_\_\_

Have you ever been convicted of a crime in the past ten years?

- No
- Yes, Explain: \_\_\_\_\_

Wood River Health Services, Inc. gives preference to Non-Smokers, do you smoke?

- No
- Yes

The information provided in this application for employment is true, correct and complete. If you employ me, any mis-statement or omission of fact on this application may result in my dismissal. acceptance of an offer of employment create no obligation upon you, the employer to continue to employ me in the future.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date