



**APPLICATION FOR EMPLOYMENT
ATTACHMENTS**

ATTACH COPIES OF THE FOLLOWING ITEMS TO THE COMPLETED APPLICATION:

- Criminal Record Check _____
(Obtained at County Courthouse)
- Diploma of highest level of education _____
(High School, GED, College)



For Office Use Only
DATE OF HIRE
____/____/____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (Please Print)

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW LONG AT CURRENT ADDRESS? _____

COUNTIES OF RESIDENCE IN THE LAST 5 YEARS:

COUNTY: _____ DATES: ____/____/____ - ____/____/____

COUNTY: _____ DATES: ____/____/____ - ____/____/____

COUNTY: _____ DATES: ____/____/____ - ____/____/____

COUNTY: _____ DATES: ____/____/____ - ____/____/____

PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____)____-____ (____)____-____ (____)____-____
HOME CELL OTHER

POSITION APPLIED FOR _____ SALARY REQUIRED _____

WHEN CAN YOU START? _____

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? _____ YES _____ GED _____ NO

NAME OF HIGH SCHOOL _____ DATE GRADUATED ____/____/____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COLLEGE NAME _____ DATE ATTENDED ____/____/____

LOCATION _____ MAJOR _____ DEGREE _____ NO DEGREE

COLLEGE NAME _____ DATE ATTENDED ____/____/____

LOCATION _____ MAJOR _____ DEGREE _____ NO DEGREE

LIST CERTIFICATIONS, LICENSES, SPECIAL TRAINING/SKILLS _____



NAME: _____ **DATE:** _____

MILITARY

BRANCH _____ RANK _____ DATES ____/____/____ - ____/____/____

DETAILS _____ DISCHARGE DISPOSITION _____

AVAILABILITY

DAY	SUN	MON	TUE	WED	THU	FRI	SAT
AM							
PM							

WORK EXPERIENCE (List last 3 jobs – most recent first)

DATES FROM ____/____/____ TO ____/____/____ PHONE (____)____ - ____ SALARY _____

COMPANY _____ POSITION _____

RESPONSIBILITIES/DUTIES _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

SUPERVISOR _____ REASON FOR LEAVING _____

DATES FROM ____/____/____ TO ____/____/____ PHONE (____)____ - ____ SALARY _____

COMPANY _____ POSITION _____

RESPONSIBILITIES/DUTIES _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

SUPERVISOR _____ REASON FOR LEAVING _____

DATES FROM ____/____/____ TO ____/____/____ PHONE (____)____ - ____ SALARY _____

COMPANY _____ POSITION _____

RESPONSIBILITIES/DUTIES _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

SUPERVISOR _____ REASON FOR LEAVING _____



NAME: _____ DATE: _____

REFERENCES

	NAME	ADDRESS	BUSINESS	YRS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

An application is a legal document. I attest, under risk of perjury, that the information contained herein is correct and accurate to the best of my knowledge.

Signature: _____ **Date:** ____/____/____

Interviewer: _____ **Date:** ____/____/____



NAME: _____

DATE: _____

AUTHORIZATION

By signing my name below, I certify that the answers given on the application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given on this application or during a pre-employment interview, including a failure to disclose requested information, may result in my discharge.

I understand that I will be required to submit to a pre-employment drug screen. This drug screen is at no expense to me. A final offer of employment is pending the outcome of this screening.

By signing my name below, I consent to the above statement.

I understand that any employment relationship with Le'Chris Health Systems is "at will" which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by any behavior.

I also understand that any accident will be considered just cause for a drug test.

I AGREE TO HAVING MY CRIMINAL BACKGROUND CHECKED AND SWEAR OR AFFIRM TO NEVER HAVING BEEN CONVICTED OF A FELONY.

Signature: _____ Date: ____/____/____