## **Application for Employment**



Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department. Please read and answer completely and accurately. Misrepresentations on this form may result in termination of employment.

Position(s) applied for		Date					
NameLast	First		Midd	lle			
Address Street/Apt.	City	State	Zip C	Code			
Telephone ()	_ E-mail:						
If you are under 18, can you furnish a work permit?			Yes	No			
Have you ever been employed here before?			Yes	No			
Are you legally authorized to work in this country?			Yes	No			
Date available for work:							
Type of employment desired Full-Time	Part-Time	Temporary					
Are you able to meet the attendance requirements of the p	position?		Yes	No			
Have you ever been convicted of a crime that has not been	n expunged or sealed?		Yes	No			
Such conviction may be relevant if job-related, but does not necess	sarily bar you from employmen	t.					
If yes, please explain							
Driver's license number (Only if job applied for requires u	use of automobile in daily ta	usks)					
State							
Do you have any friendship/acquaintances or relatives w disqualify you from employment).	orking for Canterbury Cou	rt (Answering "Yes"	will not automa	atically			
No Yes: Name(s):	Dep	artment:					

Referred to Canterbury by: \_\_\_\_\_

## Previous Employment

Please list your last four employers, assignments or volunteer activities, starting with the most recent, including military experience. This must be completed: an attached resume is welcome but does not replace or modify the requirement to complete this application.

Reason for leaving     Hourly rate/salary     Hourly rate/salary       From Month/Year     To: Month/Year     Employer     Telephone       Job Title     Address     City, State, Zip Code       Immediate Supervisor & Title     Brief summary of work performed & job responsibilities     Ending \$per       Reason for leaving     Starting \$per     Part-Time     Per Diem     Temporary       Immediate Supervisor & Title     Starting \$per     Fourly rate/salary     Fourly rate/salary     Per       Nonth/Year     To: Month/Year     Employer     Telephone     City, State, Zip Code       Immediate Supervisor & Title     Brief summary of work performed & job responsibilities     Full-Time     Part-Time     Per Diem     Telephone       Job Title     Address     City, State, Zip Code     City, State, Zip Code     Full-Time     Per Diem     Temporary       Inmediate Supervisor & Title     Brief summary of work performed & job responsibilities     Full-Time     Per Diem     Temporary       Inmediate Supervisor & Title     Brief summary of work performed & job responsibilities     Full-Time     Per Diem     Temporary       Inmediate Supervisor & Title     Brief summary of work performed & job responsibilities     Full-Time     Per Diem     Temporary       Inmediate Supervisor & Title     Brief summary of work p	From Month/Year To: Month/Year		Employer		
Immediate Supervisor & Title To Month Year T	Job Title		Address		
Full-Time     Part-Time     Per Diem     Temporary       kason fac having     Starting \$per     per     Ending \$per       From Month-Year     To: Month-Year     Engloyer     Telephone       Job Title     Address     City, State, Zip Code       Immediate Supervisor & Tale     Interf summary of work performed & job responsibilities     Telephone       Reason for leaving     Starting \$per     Per Diem     Temporary       rom Month-Year     To: Month-Year     Employer     Telephone       Immediate Supervisor & Tale     Interf summary of work performed & job responsibilities     Foning \$per       rom Month-Year     To: Month-Year     Employer     Telephone       faming \$					- •
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Full-Time     Part-Time     Per Diem     Temporary	Job Title		Address		City, State, Zip Code
Reason for leaving       Starting \$per       per       Ending \$per       per         rom Month/Year       To: Month Year       Employer       Telephone         Job Title       Address       City, State, Zip Code         Immediate Supervisor & Title       Brief summary of work performed & job responsibilities       Temporary         Reason for leaving       Starting \$per       Per Diem       Temporary         Reason for leaving       Starting \$per       Hourly rate/salary       Per Diem       Temporary         rom Month/Year       To: Month Year       Engloyer       Telephone       Telephone         Immediate Supervisor & Title       Brief summary of work performed & job responsibilities       Full-Time       Per Diem       Temporary         rom Month/Year       To: Month Year       Employer       Telephone       Telephone         rom Month/Year       To: Month Year       Employer       Telephone       Telephone         rom Month/Year       To: Month Year       Employer       Telephone       Telephone         Inmediate Supervisor & Title       Brief summary of work performed & job responsibilities       City, State, Zip Code         Immediate Supervisor & Title       Brief summary of work performed & job responsibilities       Full-Time       Per Diem       Temporary	Immediate Supervisor & Title	Brief summary of work pe	rformed & job responsibilities		
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Reason for leaving       Starting \$per       Ending \$per         Reason for leaving       For Month/Year       Employer         To: Month/Year       To: Month/Year       Telephone         Job Title       Address       City, State, Zip Code         Immediate Supervisor & Title       Brief summary of work performed & job responsibilities       Temporary         Full-Time       Part-Time       Per Diem       Temporary         Starting \$per       Ending \$per       Ending \$per	Immediate Supervisor & Title	Brief summary of work pe	rformed & job responsibilities		
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Job Title     Address     City, State, Zip Code       Immediate Supervisor & Title     Brief summary of work performed & job responsibilities     City, State, Zip Code       Immediate Supervisor & Title     Brief summary of work performed & job responsibilities     Full-Time       Full-Time     Part-Time     Per Diem     Temporary       Starting \$     per     Ending \$     per	Reason for leaving	Starting \$		_ Ending \$_	per Hourly rate/salary
Job Title     Address     City, State, Zip Code       Immediate Supervisor & Title     Brief summary of work performed & job responsibilities     City, State, Zip Code       Immediate Supervisor & Title     Brief summary of work performed & job responsibilities     Full-Time       Full-Time     Part-Time     Per Diem     Temporary       Starting \$     per     Ending \$     per					
Immediate Supervisor & Title       Brief summary of work performed & job responsibilities         Full-Time       Part-Time       Per Diem       Temporary         Starting \$       per       Ending \$       per	From Month/Year To: Month/Year		Employer	Telephone	
Full-Time       Part-Time       Per Diem       Temporary          Starting \$       per       Ending \$       per	Job Title		Address		
Starting \$ per Ending \$ per	Immediate Supervisor & Title	Brief summary of work pe	rformed & job responsibilities		
		Full-Time	Part-Time	Per Diem	Temporary

## Licenses

List all or any health care licenses you have had or currently possess. Describe on backside reasons why a license is no longer active.

License Title & State Issued	License #	License # Date of Issue			Date of Expiration				
			-	Is the licens	se active?	Yes	No		
License Title & State Issued	License #	Date of Issue	•	Date of E	xpiration				
(List additional licensures on backside)			-	Is the licens	se active?	Yes	No		
Educational Background									
		Graduate?	Yes	No					
High School (Name, Location)	Years Completed								
College (Name Location)	Years Completed	Graduate?	Yes	No	Ma	ior/Degree			
	Teas completed	Creducto?	Vac	No		Join D'egree			
Other i.e. Trade School (Name, Location)	Years Completed	Graduate?	res	INO	Ce	ertification			
College (Name, Location)	Years Completed	Graduate? Graduate?	Yes Yes	No No			Major/Degree Certification		
References									
Name		Telephone			Ye	ars Known			
Name		Telephone			Ye	ars Known			
Name		Telephone			Ye	ars Known			

I attest to the truth and accuracy of all information I have provided on this application and it is understood and agreed that any misrepresentation by me or omissions of fact on this application will be sufficient cause for rejection of my application and/or termination of my employment, if I have become employed.

I give the corporation the right to investigate all references and to secure additional information about me, if job-related. I hereby release the corporation and its representatives from any liability for seeking such information, as well as all other persons, corporations or organizations for furnishing such information to the corporation. The corporation is an equal opportunity employer and will not base hiring on race, sex, national origin, religion, disability, age, or any other protected characteristic

under applicable local, state, or federal laws. The corporation does not discriminate in employment and no question on this application is used or intended to be used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by applicable local, state or federal law.

The corporation is a "Drug-Free Workplace" and it is understood that all offers of employment are conditional. The corporation requires all eligible applicants to participate in a pre-employment drug-testing program. An application will not be processed further unless the eligible applicant agrees to participate in the test. Failure to complete, sign and date the Consent & Release Form will disqualify me from any consideration for employment.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that the corporation is an "employer at-will" and that if I become employed by the corporation just as I will be free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the corporation has the authority to make any assurance to the contrary.

I understand it is this corporation's policy not to refuse to hire a qualified individual with a disability because of a person's need for an accommodation that would be required by the ADA.

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

\_\_Date\_\_\_\_\_