



EMPLOYMENT APPLICATION

Please Print

APPLICANT INFORMATION			
Last Name	First	M.I.	Application Date
Street Address	Apartment/Unit #	How long?	
City	State	ZIP	
Day Phone	Home/Cell Phone		
E-mail Address:			
Previous Address			How long?
Emergency Contact	Relationship	Phone	
Position Desired		Desired Salary	
Applying for Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Preferred Shift Length 6 hrs. <input type="checkbox"/> 8 hrs. <input type="checkbox"/> 10 hrs. <input type="checkbox"/> 12 hrs. <input type="checkbox"/>	
Do you have any commitments to another employer that might affect your employment with us? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Explain if Yes:			
GENERAL INFORMATION			
Can you, submit employment verification of your legal right to work permanently in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have You ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine? (criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain;			
Have you worked under another name? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what?	
List any languages you speak fluently:			
Proficient in the following software:			

EDUCATION/TRAINING

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS

Type	State Issued	Expiration Date	No.
Type	State Issued	Expiration Date	No.
Area of Specialization or Major Interests			
Other special training (including on-the-job), skills, experiences or education which increases your value to O'Hana and a Rosie Place			
Has your professional license/certification ever been suspended or revoked, or are you currently involved in any proceeding that could affect your license or certification? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

EMPLOYMENT HISTORY (Give a complete record of all employment. Start with the most recent employment.)

1. Employer		Phone ()	
Address		Supervisor Name & Title	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2. Employer		Phone ()	
Address		Supervisor Name & Title	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

3. Employer		Phone ()	
Address		Supervisor Name & Title	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REFERENCES			
Please list three professional references.			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
DISCLAIMER AND SIGNATURE			
<p>Thank you for completing this application form and for your interest in working with us. A Rosie Place adheres to a policy of equal employment opportunity. All employment decisions are made without regard to race, religion, age, sex, color, national origin or handicap and in full compliance with all federal and state laws. Your opportunity for employment with us is based on your merit, past experience and your ability to perform the job. Further, any offer of employment may be conditioned upon the results of a medical examination, including a screening procedure of illegal drugs, which will occur before you begin work.</p> <p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize A Rosie Place to investigate my background and to confirm information contained in this application and I release A Rosie Place and/or any other person, organization or institution from any and all liability that may result from any investigation into my background conducted by A Rosie Place.</p> <p>I understand that misrepresentation or omission of facts on this application or any other A Rosie Place records will cause for rejection of my application or my immediate discharge should I be subsequently employed. Further, I accept that nothing in this application or in granting of an interview implies or should be understood as a promise of employment. Also, I understand that should I be subsequently employed by A Rosie Place I have the right to terminate my employment at any time and that A Rosie Place may at its discretion terminate at any time with or without cause.</p>			
Signature			Date

FOR A ROSIE PLACE OFFICE USE ONLY

References	
Reference 1	
Comments	
Reference 2	
Comments	
Reference 3	
Comments	
Certifications	
1	Expires:
2	Expires:
3	Expires:
4	Expires:
5	Expires:

Administrative Signature _____ Date _____