**EMPLOYMENT APPLICATION**

**FAIRLIGHT MEDICAL CENTER**

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| **PERSONAL DATA** | | | |
| Name (Last, First, MI) County of Residence:  Current Address (Street, City, State, Zip)  Permanent Address (Street, City, State, Zip) Emergency Contact Name/Phone Number: | | | Date Telephone  Telephone |
| Business or Other Phone |  | | |
| Personal E-mail Address | | | |
|  | | | |
| Have you been convicted of a felony? Yes No  If yes, explain: | | | |
| Are you authorized to work in the United States permanently? Yes No | | | |
| **POSITION APPLYING FOR** | | | |
| Position or type of work desired: 1 am interested in: (Circle those appropriate)  Full Time Part Time Regular Temporary | | | |
| Circle Days Available:  M T W TH F S SU | Hours Available:  Days: Evenings: | Date Available: | |
| How did you hear about the position? | | | |
| Wage or salary acceptable:  $ /hr $ /mo | Are you able to perform the essential functions of this position, with or without reasonable accommodation?  Yes No | | |
|  |
| Are you presently restricted by a non-compete agreement with a current or former employer? Yes No | | | |
| **EDUCATION** | | | |
| Circle last grade completed : Grade, trade, or high school Tech., College Graduate  1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4  List last high school and all business, trade schools, and colleges attended: | | | |
| NAME AND LOCATION OF SCHOOL | MAJOR/MINOR | DEGREE ACHIEVED include GPA) | |
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| **SPECIAL TRAINING.** | | | |
| Type: State: License # : Date: | | | |
| **EXTRACURRICULAR** | | | |
| Extracurricular activities, organizations and clubs (include memberships, offices held, volunteer work, scholarships, awards, honors, sports, etc.) You are not required to list activities which may reveal your race, age, religion, sex, sexual orientation, national origin, marital status, any disability, handicap or any other legally protected classes. | | | |

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| **EMPLOYMENT HISTORY** | | |
| Employer | Dates Employed  From: To: | |
| Address | Telephone | |
| Position Title | Name of Supervisor and Title | |
| Summary of Duties | | |
| Reason for Leaving | Starting Salary: Ending Salary: | |
| Employer | Dates Employed  From: To: | |
| Address | Telephone | |
| Position Title | Name of Supervisor and Title | |
| Summary of Duties | | |
| Reason for Leaving | Starting Salary: Ending Salary: | |
| Employer | Dates Employed  From: To: | |
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| Employer | Dates Employed  From: To: | |
| Address | Telephone | |
| Position Title | Name of Supervisor and Title | |
| Summary of Duties | | |
| Reason for Leaving | | Starting Salary: Ending Salary: |
| **IMPORTANT READ BEFORE SIGNING** | | |
| I certify that the statements I have made in this application are true and complete. I authorize investigation of all statements contained in this application which Fairlight Medical Center may deem relevant to my employment and authorize my previous employers or other persons having information concerning me or my record to report such information to Fairlight Medical Center. I understand and agree that if it is subsequently discovered that the information herein is untrue or that I have failed to disclose a material fact, any offer of employment made to me by Fairlight Medical Center may be immediately withdrawn or if I am already employed by Fairlight Medical Center, I may be subject to immediate dismissal in such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by Fairlight Medical Center other than for payment for wages at the rate agreed upon for any work 1 have actually performed for Fairlight Medical Center.  If I become employed by Fairlight Medical Center, I understand that I have the right to terminate my employment at any time, for any reason, and Fairlight Medical Center retains a similar right to terminate my employment at any time, for any reason. I further agree that no promises have been made to me by anyone from Fairlight Medical Center, which are not consistent with the above and that no promises, representations or guarantees concerning the terms or any employment offered me by Fairlight Medical Center are binding upon Fairlight Medical Center unless made in writing and signed by an authorized representative of Fairlight Medical Center.  Date Signature | | |
| If an employment offer is made, we may require | a certified copy of your transcripts. | |

*We are an equal opportunity employer. We consider all applicants for all positions without regard to race, color or creed, religion, ancestry, national  
origin, sex, sexual orientation, marital status, any disability, handicap, or any other legally protected classes. False statements on the application could  
be grounds for disqualification*