

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY AND "AT WILL" EMPLOYER

PERSONAL INFORMATION

DATE

NAME (LAST, FIRST)		SOCIAL SECURITY NO.	
OTHER NAME USED IN PRIOR EMPLOYMENT			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO EZRA HEALTH CARE, INC. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

TYPE OF POSITION YOU DESIRE:

Part time Contract Temporary Full time

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVY SERVICE	RANK

FORMER EMPLOYER (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

MONTH DATE AND YEAR	NAME & ADDRESS OF EMPLOYER	PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCE GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	PHONE	YEARS KNOWN

	YES	NO
I agree to bring my eligibility to work in US	<input type="checkbox"/>	<input type="checkbox"/>
I agree that Ezra healthcare, Inc. to check my employment history and references	<input type="checkbox"/>	<input type="checkbox"/>
I agree that Ezra healthcare, Inc. to verify all information that is on the application	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take pre-employment drug and alcohol testing	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take County, State and Federal background check	<input type="checkbox"/>	<input type="checkbox"/>
I agree that Ezra healthcare, Inc. to check my DMV record	<input type="checkbox"/>	<input type="checkbox"/>
I agree that Ezra healthcare, Inc. to run credit check	<input type="checkbox"/>	<input type="checkbox"/>
I agree to bring chest X-Ray results that are taken less than six months ago	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take post employment physical examination	<input type="checkbox"/>	<input type="checkbox"/>

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be ground for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into my agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the authorized company representative.

This waiver does not permit release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

.....DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

