

# APPLICATION FOR EMPLOYMENT



## APPLICANT INFORMATION

Last Name		First Name		M.I.		Date			
Street Address				Apartment/Unit #					
City		State		ZIP					
Phone		E-mail Address							
Date Available		Social Security No.		Desired Salary					
Position Applied for									
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If hired, can you furnish proof that you are eligible to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain				
Are you 18 years of age or older?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	(If you are hired you may be required to submit proof of age.)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					

## EDUCATION

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	

## REFERENCES

*Please list three professional references.*

Full Name				Relationship		
Company				Phone		
Address						
Full Name				Relationship		
Company				Phone		
Address						
Full Name				Relationship		
Company				Phone		
Address						

**PREVIOUS EMPLOYMENT**

Company					Phone				
Address					Supervisor				
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"/>
Company					Phone				
Address					Supervisor				
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"/>
Company					Phone				
Address					Supervisor				
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"/>

**MILITARY SERVICE**

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

**DISCLAIMER AND SIGNATURE**

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.

Signature					Date		
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**Smoky Mountain Home Health & Hospice is An Equal Opportunity Employer**

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or Disability. It is our intention that all qualified applications be given equal opportunity and that selection Decisions are based on job-related factors.