

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_ WADL#: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  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  NO

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  NO

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  NO

### 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: \_\_\_\_\_

# HEALTH EVALUATION

**All questions contained in this questionnaire are strictly confidential and will become part of your employee record.**

HAVE YOU EVER: (CHECK ALL THAT APPLY)		
Missed more than two weeks of work due to health or medical reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been refused employment for health or medical reasons?		
Been awarded compensation due to an accident or injury on the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been discharged from employment due to medical or health reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worked with asbestos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worked dusty jobs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worked with radioactive materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please explain all marked yes:**

HAVE YOU EVER RECEIVED TREATMENT FOR: (CHECK ALL THAT APPLY)		
Alcohol or substance abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stomach problems or ulcers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood disorders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis or liver disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A mental condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any type of cardiac disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting spells or seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma, hay fever, allergies, or sinus trouble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PLEASE EXPLAIN ALL MARKED YES:**

**OTHER COMMENTS CONCERNING YOUR HEALTH:**

**I certify that my answers are true and correct to the best of my knowledge. I authorize Esteamed to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in the connection with my application. In the event that I am employed, I understand that false or misleading information given in my application or interviews may result in discharge.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_