

JLU HEALTH RECORD SYSTEMS

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

NAME			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
TELEPHONE NUMBER				

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED	<input type="checkbox"/> HOURLY	<input type="checkbox"/> PER RECORD
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER • YES • NO		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

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

1. NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER				
STARTING DATE		LEAVING DATE		
MONTH	YEAR	MONTH	YEAR	
STARTING HOURLY RATE		FINAL HOURLY RATE	/ STARTING RATE PER RECORD	FINAL RATE PER RECORD
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR		• YES • NO
NAME AND TITLE OF SUPERVISOR			PHONE NO.	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

2. NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER				
STARTING DATE		LEAVING DATE		
MONTH	YEAR	MONTH	YEAR	
STARTING HOURLY RATE		FINAL HOURLY RATE	/ STARTING RATE PER RECORD	FINAL RATE PER RECORD
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR		• YES • NO
NAME AND TITLE OF SUPERVISOR			PHONE NO.	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

3. NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER				
STARTING DATE		LEAVING DATE		
MONTH	YEAR	MONTH	YEAR	
STARTING HOURLY RATE		FINAL HOURLY RATE	/ STARTING RATE PER RECORD	FINAL RATE PER RECORD
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR		• YES • NO
NAME AND TITLE OF SUPERVISOR			PHONE NO.	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

SPECIAL QUESTIONS

ARE YOU 18 YEARS OR OLDER? • YES • NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? • YES • NO _____

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO

AUTHORIZATION

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AN, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPITION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYEMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY RESPRESENTATIVE, OTHER THAN IT’S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”

DATE

SIGNATURE