



Employment Application

APPLICANT INFORMATION

LAST NAME:		
FIRST NAME / MIDDLE:		SOCIAL SECURITY #
ADDRESS:		CITY:
STATE:	ZIP:	DATE OF BIRTH:

CONTACT INFORMATION

HOME:	CELL:	EMAIL:
-------	-------	--------

Position Applied For _____ Desired Salary _____

Date available _____ Full Time Part Time Days Evenings Nights Other

EDUCATION					
H.S. / COLLEGE / VOCATIONAL	MAJOR	DEGREE RECEIVED	YEAR RECEIVED	FROM	TO

CERTIFICATIONS AND LICENSURES

TYPE	CERTIFICATION / LICENSE NUMBER	EXPIRATION DATE	STATE

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation
Yes ___ No ___

Have you been convicted of any felonies other than minor traffic violations during the past seven years (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) No ___ Yes ___ If yes, explain:

Are you able at time of employment, to submit verification of your legal right to work in the U.S.? Yes ___ No ___

PROFESSIONAL REFERENCE

Name:	Relationship::
Company:	Address / State:
Phone:	Email:

May we contact? Yes ___ No ___

Name:	Relationship::
Company:	Address / State:
Phone:	Email:

May we contact? Yes ___ No ___

Name:	Relationship::
Company:	Address / State:
Phone:	Email:

May we contact? Yes ___ No ___

General Information

Has your license to practice your profession ever been suspended or revoked? Yes ___ No ___ N/A ___

If yes please explain:

Have you ever been accused, arrested, or found guilty by any government agency of child, patient, resident, or elderly abuse? Yes ___ No ___

If yes please explain:

If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements? Yes ___ No ___ N/A ___

Are you willing to work overtime and be on call? Yes ___ No ___ N/A ___

Have you ever applied for a position with us? Yes ___ No ___

If yes where, when?

How were you referred to us?

If you have been given a written job description for the position for which you are applying, which lists the essential functions of the job. Please read it carefully.

Are you able to perform all of the essential functions as set forth in the job description with or without reasonable accommodations?

Yes ___ No ___

If you have checked "No" list the essential function(s) you are unable to perform.

WORK HISTORY

Start with your present job and include any job related military service assignments. If you need additional space, please continue on a separate piece of paper. Please be sure to list all former employers within the last three years.

Company:	Phone:
Address City / State / Zip	Supervisor: Phone:
Position Held:	Salary:
Employment Dates: TO	Reason For Leaving:

Company:	Phone:
Address City / State / Zip	Supervisor: Phone:
Position Held:	Salary:
Employment Dates: _____ TO _____	Reason For Leaving:

Company:	Phone:
Address City / State / Zip	Supervisor: Phone:
Position Held:	Salary:
Employment Dates: _____ TO _____	Reason For Leaving:

May we contact your present Employer? Yes ___ No ___ Previous Employer? Yes ___ No ___

I understand that if employed by Advanced Staffing Associates, and affiliates, I will be an employee at will, which means that I can voluntarily end my employment or be terminated at any time with or without notice for any reason or no reason at all. No statement whether written or oral, by any Company representative may vary the foregoing. I give the Company permission to verify all information provided on the application or in the interview(s), as well as contacting any and all or any of my previous employers and references and authorize them to provide all information requested of them by the Company.

After a conditional offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination including a pre-employment drug test at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related medical examination and my receipt of negative drug test results.

I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any false or misleading information or the failure to provide information constitutes a ground for immediate dismissal. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the company.

I have read the foregoing and understand the above. By providing the above authorization I release Advanced Staffing Associates and affiliates from all liability for requesting and acting upon the information, reports and records obtained.

Signature: _____ Date: _____