

INSPIRE, HSC EMPLOYMENT APPLICATION

APPLICANT NAME (Last, First, M.I.)			
RESIDENTIAL ADDRESS		CITY	STATE ZIP
MAILING ADDRESS		CITY	STATE ZIP
PHONE # (home)	PHONE # (cell)	EMAIL	
EMERGENCY CONTACT NAME		RELATIONSHIP	PHONE #

POSITION DESIRED	REFERRED BY	DATE YOU CAN START	PRESENTLY EMPLOYED?
PREVIOUS EMPLOYERS	DATES OF EMPLOYMENT	SALARY / WAGE	POSITION
	FROM TO		REASON FOR LEAVING
	FROM TO		
	FROM TO		

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?

EDUCATIONAL HISTORY	YEARS ATTENDED	MAJOR OR SUBJECTS STUDIED	DID YOU GRADUATE?
HIGH SCHOOL	FROM TO		
COLLEGE	FROM TO		
OTHER	FROM TO		

SPECIAL SKILLS OR TRAINING

CERTIFICATIONS OR QUALIFICATIONS

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 grounds for dismissal.

I authorize investigation of all statements contained herein and the 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 from utilization of such information.

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

This waiver does not permit the 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.

SIGNATURE _____
DATE

FOR OFFICE USE ONLY	
REVIEWED BY	COMMENTS