
BACKGROUND

Are you 18 years of age or older?_____ If No, DOB_____

Have you ever been convicted of a felony?_____

Have you ever been convicted of a crime, excluding misdemeanors?_____

Have you ever been convicted of any crime involving violence to another person?_____

Have you ever been convicted of any crime involving dishonesty?_____

Are you currently serving probation for any misdemeanor offense?_____

Have you ever been counseled or disciplined for cash handling violations?_____

Have you ever been counseled or disciplined for being late or absent from work or school?_____

If you have answered "Yes" to any of the above, describe in full:_____

HOW WOULD YOU RATE YOURSELF

(1 = Improvement 2 = Ok 3 = Good 4 = Top Performer)

_____ Energy Level: Your sense of urgency, self-motivation, and enthusiasm

_____ Communication Skills: Your ability to listen well, express ideas clearly and accept feedback

_____ Hospitality: Your natural friendliness and customer service skills

_____ Reliability: Your dependability, attendance, self-discipline and dedication

_____ Personal Pride: Your appearance, hygiene, and achievement

_____ Teamwork: Your cooperation with others and team spirit

1. What achievement in life are you most proud of?_____
2. What are your personal strengths?_____
3. What are your weakest areas?_____
4. What are your 1-3 year goals?_____

Do you have any physical, mental, or medical impairment that would interfere with your ability to perform the essential duties of this job with or without an accommodation: _____ Yes _____ No

If "Yes", please describe in full. (Refer to position description if necessary)

LEGAL

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S.?
 Yes No

(Identify and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Were you ever discharged by any company? Yes No if yes, give name of company (ies)_____

Reason for discharge?_____

EMPLOYMENT HISTORY

List employment starting with your most **recent** position. Account for any time during this period that you were unemployed by stating the nature of you activities.

May we contact your present employer? Yes No

Past employer? Yes No

Please indicate if you were employed under a different name: _____

Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Salary or Wages	Reason for Leaving
#1 From: _____/_____ mo yr To: _____/_____ mo yr	Name: _____	Your Job Title		Starting:	
	Address: _____	Supervisor		Final:	
	Phone: _____				
#2 From: _____/_____ mo yr To: _____/_____ mo yr	Name: _____	Your Job Title		Starting:	
	Address: _____	Supervisor		Final:	
	Phone: _____				
#3 From: _____/_____ mo yr To: _____/_____ mo yr	Name: _____	Your Job Title		Starting:	
	Address: _____	Supervisor		Final:	
	Phone: _____				
#4 From: _____/_____ mo yr To: _____/_____ mo yr	Name: _____	Your Job Title		Starting:	
	Address: _____	Supervisor		Final:	
	Phone: _____				

Have you worked for our company before or any other similar types of company(s)? Yes No

Name _____

Location _____

City & State _____

Position Held _____

Supervisor _____

Dates Employed: From _____ To _____

Reason for Leaving _____

Previous Employment Check

Employee Name: _____

Position Applied for: _____

S.S. #: _____ Date of Previous Employment Check: _____

Checked by: / / Phone / / Mail

Previous Employment Check #1:

Dates of Employment: _____ Employee Position: _____

Salary Ranges: Beginning: _____ Ending: _____

Attendance History: / / Excellent / / Average / / Excessive Absenteeism

Rehire Status: / / Rehireable / / Would Not Rehire

Information Received from: _____

Special Comments: _____

Previous Employment Check #2:

Dates of Employment: _____ Employee Position: _____

Salary Ranges: Beginning: _____ Ending: _____

Attendance History: / / Excellent / / Average / / Excessive Absenteeism

Rehire Status: / / Rehireable / / Would Not Rehire

Information Received from: _____

Special Comments: _____

Previous Employment Check #3:

Dates of Employment: _____ Employee Position: _____

Salary Ranges: Beginning: _____ Ending: _____

Attendance History: / / Excellent / / Average / / Excessive Absenteeism

Rehire Status: / / Rehireable / / Would Not Rehire

Information Received from: _____

Special Comments: _____

Final Disposition:

/ / Employee Hired / / Employee Not Hired / / Application Kept on File

REQUIREMENTS:

For employees found noncompliant with OSHA requirements, written documentation must be present within the employee's file. As stated in OSHA instruction CPL-2-2.44C (Office of Health Compliance Assistance), "All inspections programmed and unprogrammed, shall include, if appropriate, a review of the employer's Exposure Control Plan and employee interviews to assess compliance with the standard." Employees will also be cited for noncompliance with any facility policy.

INSTRUCTIONS:

This form should be used by the employer or authorized representative to cite employees for noncompliance incidents related to:

- / / OSHA's Bloodborne Pathogens Standard / / Exposure Control Plan
- / / Biomedical Waste Handling / / Nursing Policies
- / / OR Policies and Procedures / / Employee/Personnel Handbook
- / / Safety Plan/Rules and Functions / / Organizational Policies and Procedures
- / / Insubordination / / Chemical Hazard Communications/MSDS Manual

Employee Name: _____
Last First Middle Initial

Date of Occurrence: _____

Employee Job Title: _____

Social Security #: _____

Explanation of Noncompliance Occurrence: _____

Recommendation by Administration:

- / / Warning / / Suspended without Pay for _____ days
- / / 1st Offense / / Extended Probation for _____ days
- / / 2nd Offense / / Terminated
- / / 3rd Offense

Employer's or Authorized Representative's
Signature: _____ Title: _____

TO BE COMPLETED BY THE EMPLOYEE

By signing below, I acknowledge that this citation has been reviewed with me and the proper procedures for compliance, related to this occurrence, have been discussed with me.

Employee's Signature: _____ Date: _____

Employee's Comments: _____

***** IMPORTANT – READ BEFORE SIGNING *****

I certify that information given herein is true and complete to the best of my knowledge.

I authorize investigation of all statements and references contained in this employment application as may be necessary in arriving at an employment decision, including requests for criminal, credit, or motor vehicle driving reports. I understand that incorrect, **misleading or incomplete information on this application may result in immediate termination of employment.** I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon prior notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is **prohibited during employment.** If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during employment.

Signature

Date

Print Name

Date