

# APPLICATION FOR EMPLOYMENT

## Operating Room, LLC

### I. Personal Information

Last Name	First	Middle	Date
Street Address			Phone
City, State, Zip			
E-mail Address			Social Security No.
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Applying for & Location:
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Month and Year _____ Location _____			
How did you learn of our company?			
Are you legally eligible for employment in the United States?			
When will you be available to start working?			
<b>Please list the hours you are available to work:</b>			
Monday:	Open: 10:30AM-7PM	2:30PM-8PM	6:30PM-CLOSE 1AM
Tuesday:	Open: 10:30AM-7PM	2:30PM-8PM	6:30PM-CLOSE 1AM
Wednesday:	Open: 10:30AM-7PM	2:30PM-8PM	6:30PM-CLOSE 1AM
Thursday:	Open: 10:30AM-7PM	2:30PM-8PM	6:30PM-CLOSE 1AM
Friday:	Open: 10:30AM-7PM	2:30PM-8PM	6:30PM-CLOSE 1AM
Saturday:	Open: 10:30AM-7PM	2:30PM-8PM	6:30PM-CLOSE 1AM
Sunday:	Open: 10:30AM-7PM	2:30PM-8PM	6:30PM-CLOSE 1AM
Are you currently employed? If so, may we inquire of your present employer?			
Have you been convicted of a crime in the past ten years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain.			
Have you been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain.			
Are there any reasons you might not be able to perform job duties?			<input type="checkbox"/> Yes <input type="checkbox"/> No **See Job Description
If Yes, please explain.			

### II. Education

	Name and Location	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### III. Employment History

Company Name	Telephone
Address	Employment Period
Name of Supervisor	Hourly Rate
Start Job Title/Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employment Period
Name of Supervisor	Hourly Rate
Start Job Title/Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employment Period
Name of Supervisor	Hourly Rate
Start Job Title/Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employment Period
Name of Supervisor	Hourly Rate
Start Job Title/Describe Your Work	Reason for Leaving

May we contact the employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Skills/Experience specific to job applying for:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. References

Name	Address/Phone	Business	Years Acquainted

#### V. Signature

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create contractual obligation upon the employer to continue to employ me in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date