



EMPLOYMENT APPLICATION

NOTE: Please PRINT all information unless otherwise requested.

TODAY'S DATE: _____

PERSONAL INFORMATION:

Name: _____
Last
First
Middle
Maiden

Present Address: _____
Street
City
State
Zip

Years at Present Address: _____ Current Phone Number: _____ Cell or Home?

SSN: _____ Are you under 18? Y/N: ____ If yes, age: _____

Desired Position: _____ & Desired Salary: _____ Yearly or Hourly?

Desired Work Schedule: ____ Full-Time ____ Part-Time ____ Either Desired Shift: AM, PM or Either

Days/Hours Available to Work:

No preference:	Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:	Sunday:

How many hours are you available to work each week? _____ Date Available: _____

Emergency Contact: _____ Phone Number: _____

EDUCATION:

Type of School	Name of School	Location (Complete mailing Address)	Years Completed	Major or Degree
High School				
College				
Bus. or Trade School				
Professional School				

CRIMINAL INFORMATION:

Have you ever been convicted of a crime? ____ No ____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

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DRIVING LICENSE INFORMATION:

Do you have a Drivers License? Yes No If Yes:

State of Issue: _____ License Number: _____ Expiration Date: _____

License Type: Operator Commercial (CDL) Chauffeur

NOTE: You will be asked to provide your driver's license so that HSSL can photo copy it.

What is your means of transportation to/from work? _____

MILITARY HISTORY:

Have you ever been in the armed forces? Yes No

Are you currently a member of the National Guard? Yes No

Specialty: _____ Date Entered: _____ Date Discharged: _____

NURSING EXPERIENCE:

Licensed (check all that apply):

RN LPN CNA NA Reg Med Tech CPR First Aid

NOTE: You will be required to provide copies of all documentation/certification(as) prior to being considered for a nursing position.

OFFICE EXPERIENCE:

Personal Computer (PC): Yes No

MS Windows Applications? Excel; Word; Access; Email (Outlook) or Other: _____

Other Office Skills: _____

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REFERENCES - Please list two references other than relatives or friends.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____ _____	Address _____ _____
Telephone (____) _____	Telephone (____) _____

ADDITIONAL INFORMATION - Use the space below to provide additional information necessary to describe your full qualifications specific to the position you are seeking.

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WORK EXPERIENCE – Please list your work experience for the past five years beginning with the most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer Information (Most recent):	Name of Supervisor	Employment Dates	Pay or Salary
Name:			
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone Number:	Last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer Information:	Name of Supervisor	Employment Dates	Pay or Salary
Name:			
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone Number:	Last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer Information:	Name of Supervisor	Employment Dates	Pay or Salary
Name:			
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone Number:	Last job title:		
Reason for Leaving (be specific):			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer Information:	Name of Supervisor	Employment Dates	Pay or Salary
Name:		From:	Start:
Address:		To:	Final:
City/State/Zip:		Last job title:	
Phone Number:	Reason for Leaving (be specific):		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No If not, who did? _____

SIGNED: _____ **DATE:** _____
 (Signature required)

NOTE: Your signature grants HSSL permission to: 1). Test you for TB, 2) Conduct a criminal background check, 3) Perform a drug and alcohol screening.

Favorable results of these tests considers you for employment but does not guarantee it.