



An Equal Opportunity Employer

Employment Application

Applicants requiring reasonable accommodation to the application and/or interview process should notify us.

PERSONAL INFORMATION:

Name (Last, First, Middle Initial), Social Security Number, Present Address (Street, City, State, Zip Code), Telephone Number, Permanent Address (Street, City, State, Zip Code), Telephone Number, If you cannot be reached at above telephone number, where may we contact you? Telephone, Name of Person

EMPLOYMENT DESIRED:

Type of Work/Position Desired:

Will you accept another position? Yes No If so, what?

Shift Desired: Are you available to work: Weekends? Yes No Holidays? Yes No Rotating Shifts? Yes No On Call? Yes No

How did you learn of this opening?

Will you accept employment of: Full Time Part Time Temporary

Date Available: If under 18 years of age, do you have a work permit? Yes No

Have you ever applied to any Laurel facility before? Yes No If yes, when and where?

Have you ever worked for any Laurel facility before? Yes No If yes, when and where? Supervisor Reason for Leaving

List any friends or relatives working for this Laurel facility:

(Name) (Relationship) (Name) (Relationship) (Name) (Relationship) (Name) (Relationship)

Do you limit your annual earnings due to Social Security or other reasons? Yes No If yes, please state what is the maximum amount you wish to earn per year

EDUCATION/TRAINING:

High School: _____
(Name and Address of School)

Courses Taken: _____
Did You Graduate? Yes No Diploma, Degree or Certificate Received: _____

College: _____
(Name and Address of School)

Courses Taken: _____
Did You Graduate? Yes No Date ___/___/___ If Yes, Diploma, Degree or Certificate Received _____

Special Training: _____
(Name and Address of School)

Courses Taken: _____
Did You Graduate? Yes No Date ___/___/___ If Yes, Diploma, Degree or Certificate Received _____

Other Classes/Training: _____

Area of Specialization or Major Interest _____

Professional Organization Membership, Honors Received, Volunteer or Community Services or other qualifications you have which are related to the position for which you are applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

_____ (Type)	_____ (Organization or State Issued)	_____ (Date Issued)	_____ (Number)
_____ (Type)	_____ (Organization or State Issued)	_____ (Date Issued)	_____ (Number)
_____ (Type)	_____ (Organization or State Issued)	_____ (Date Issued)	_____ (Number)

MILITARY:

Did you serve in the Military? Yes No If yes, did you have an honorable discharge? Yes No

Have you ever been convicted of a crime, other than routine traffic violations? Yes No If yes, for what, when, and where?

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which may assist us in placing you. _____

EMPLOYMENT HISTORY: (List current (or most recent) employer first and all others in reverse chronological order)

Company Name: _____
Address: _____ Telephone: _____
(Street) (City) (State) (Zip Code)

Position Title: _____ Immediate Supervisor's Name and Title: _____
Job Description and Responsibilities: _____

Dates Employed: From _____ Month/Year To _____ Month/Year
Starting Salary \$ _____ Ending Salary \$ _____
May we contact your current employer for reference? Yes No
Reason for Leaving: _____

Company Name: _____
Address: _____ Telephone: _____
(Street) (City) (State) (Zip Code)

Position Title: _____ Immediate Supervisor's Name and Title: _____
Job Description and Responsibilities: _____

Dates Employed: From _____ Month/Year To _____ Month/Year
Starting Salary \$ _____ Ending Salary \$ _____
Reason for Leaving: _____

Company Name: _____
Address: _____ Telephone: _____
(Street) (City) (State) (Zip Code)

Position Title: _____ Immediate Supervisor's Name and Title: _____
Job Description and Responsibilities: _____

Dates Employed: From _____ Month/Year To _____ Month/Year
Starting Salary \$ _____ Ending Salary \$ _____
Reason for Leaving: _____

REFERENCES: (List three references; Please include previous co-workers)

Name and Relationship: _____ Occupation: _____
Address (if known): _____ Telephone: _____

Name and Relationship: _____ Occupation: _____
Address (if known): _____ Telephone: _____

Name and Relationship: _____ Occupation: _____
Address (if known): _____ Telephone: _____

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with the Company is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the Company's service, whenever it is discovered.

I expressly authorize, without reservation, the Company, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, in my resume or in any job interview. I hereby waive any and all rights and claims I may have regarding the Company, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that employment is contingent on passing a criminal records check and drug test. I consent to take a physical examination, and such further physical examinations as may be required by the Company at such times and places as the Company shall designate. I understand that an offer of employment may be contingent on passing a physical examination which relates to the essential duties I would be required to perform.

I understand that the Company may require me temporarily to work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my department head or the administrator of the facility. I understand that if my availability status changes, it is my responsibility to notify my department head or the administrator of the facility.

I understand that the Company does not unlawfully discriminate in hiring or any other decision on the basis of race, color, sex, height, weight, age, citizenship, national origin, ancestry, Vietnam era veteran status, familial status, marital status, pregnancy, child-birth or related medical conditions, or on the basis of physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I understand that if I am hired, my employment is "AT WILL". This means that I am free to resign at any time, with or without cause and without prior notice, and the Company reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that no supervisor or representative of the Company is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Company's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____