



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position(s) being applied for: _____ Date: _____

Name: _____ Social Security # _____
 (Last) (First) (Middle)

Address: _____
 (Street) (City) (Zip)

Home Phone: _____ Cell Phone _____

Have you ever applied to Huther Doyle before? Yes ____ No ____

Have you ever been employed by Huther Doyle before? Yes ____ No ____ If yes, in what position _____

What shifts are you available to work? Days ____ Evenings ____ Rotating/split ____

Are you available to work: Full-time ____ Part-time ____

Date available: _____ Are you employed now? Yes ____ No ____

Desired salary range: _____

Will you authorize the background checks required by New York States' Justice Center? Yes ____ No ____
 (These include a criminal background check and fingerprinting)

Do you have foreign or sign language skills? Yes ____ No ____ If yes, which _____

Do you have a driving license? Yes ____ No ____ If yes, Class of License _____

If yes, do you have a clean driving record? (No more than 2 violations in 30 month period, no DWI/DWAI in a 10 year period) Yes ____ No ____

Are you eighteen (18) years or age or older? Yes ____ No ____ If no, what is your birth date? _____

Educational Background

Circle highest grade completed 9 10 11 12 13 14 15 16 +

Name/Location	Concentration	Degree	Graduated
High School			Yes / No
College			Yes / No
Post Graduate			Yes / No
Other			Yes / No

Provide Names, complete Address and Phone Number of three references not related to you:

Name	Address	Phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION AS WELL

Work Experience (list most recent first, include field placements, if applicable). Explain any gaps in employment in the comments section below.

1. Employer:

Address:

Supervisor:

Telephone: ()

May we contact? Yes _____ No _____

Dates Employed From: _____ To _____

Job Title _____

Salary _____

Reason for Leaving: _____

2. Employer:

Address:

Supervisor:

Telephone: ()

May we contact? Yes _____ No _____

Dates Employed From: _____ To _____

Job Title _____

Salary _____

Reason for Leaving: _____

3. Employer:

Address:

Supervisor:

Telephone: ()

May we contact? Yes _____ No _____

Dates Employed From: _____ To _____

Job Title _____

Salary _____

Reason for Leaving: _____

Comments (including explanation of any gaps in employment)

Huther Doyle requires submission of findings from a recent physical examination as part of hiring. This includes, but is not limited to a test for Tuberculosis and Hepatitis.

I authorize the investigation of all information contained in this application. I release from liability any person giving or receiving such information. This investigation may include a background check with criminal justice authorities.

I authorize Huther Doyle to request information from: Current Employer Previous Employer(s)

I authorize the release of this information.

I certify that I am not on any Exclusion List banning or limiting my participation in any federal or federally supported health plan such as Medicare, Medicaid, Child Health or Family Health Plus

Signature

Date

The information I have provided on this application is true to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for dismissal. In the event of employment, I understand that my employment is for no definite period and may be terminated any time without previous notice.

Signature

Date