

# APPLICATION FOR EMPLOYMENT

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.*

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Telephone ( ) \_\_\_\_\_ Social Security Number - -

Position(s) Applied For \_\_\_\_\_

Indicate salary expected: \_\_\_\_\_ per month \_\_\_\_\_ per week \_\_\_\_\_ per hour

Referral Source: Newspaper Friend Relative Walk-in Other \_\_\_\_\_

Have you filed an application here before? Yes No If yes, when? \_\_\_\_\_

Have you ever been employed here before? Yes No If yes, when? \_\_\_\_\_

Are you employed now? Yes No

Are you on a lay-off subject to recall? Yes No

On what date would you be available for work? \_\_\_\_\_

How would you get to work? \_\_\_\_\_ How long will it take you? \_\_\_\_\_

Are you available to work Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex, or national origin) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give name , address, & telephone number of three references who are not related to you & are not previous employers.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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## EDUCATION

School Name \_\_\_\_\_ Circle highest year completed

Elementary \_\_\_\_\_ 1 2 3 4 5 6 7 8

High School \_\_\_\_\_ 9 10 11 12

College \_\_\_\_\_ 1 2 3 4 Degree Yes No Course Study \_\_\_\_\_

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## EXPERIENCE & SKILLS

Please place a check mark by any of the following activities in which you are qualified:

### TECHNICAL

\_\_\_ Nursing General    \_\_\_ Injections    \_\_\_ Instrument Sterilization

\_\_\_ Medical Lab Procedures    \_\_\_ Medical Terminology    \_\_\_ Medical Transcription

\_\_\_ Other \_\_\_\_\_

### ADMINISTRATIVE

\_\_\_ Billing    \_\_\_ Bookkeeping    \_\_\_ Collection Procedures    \_\_\_ Appointment Setting

\_\_\_ Posting    \_\_\_ Reception    \_\_\_ Stenography    \_\_\_ Switchboard    \_\_\_ Filing

\_\_\_ Other \_\_\_\_\_

Describe specialized training, apprenticeship, or other skills: \_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. We may contact employers listed unless you indicate those you do not want us to contact.

Company Name	Phone Number	Employed From	To
Address	City	State	Zip Code
State job title, describe your work and reason for leaving			
May we contact this employer <input type="checkbox"/> yes <input type="checkbox"/> no If no, why? _____			

Company Name	Phone Number	Employed From	To
Address	City	State	Zip Code
State job title, describe your work and reason for leaving			
May we contact this employer <input type="checkbox"/> yes <input type="checkbox"/> no If no, why? _____			

Company Name	Phone Number	Employed From	To
Address	City	State	Zip Code
State job title, describe your work and reason for leaving			
May we contact this employer <input type="checkbox"/> yes <input type="checkbox"/> no If no, why? _____			

Company Name	Phone Number	Employed From	To
Address	City	State	Zip Code
State job title, describe your work and reason for leaving			
May we contact this employer <input type="checkbox"/> yes <input type="checkbox"/> no If no, why? _____			

**Place the below listed names in alphabetical order:**

- |                    |           |
|--------------------|-----------|
| 1. Cass, W. E.     | 1. _____  |
| 2. Jones, A. T.    | 2. _____  |
| 3. Allen, W. T.    | 3. _____  |
| 4. Johnston, H. F. | 4. _____  |
| 5. McQuinn, M. H.  | 5. _____  |
| 6. Rogers, J. S.   | 6. _____  |
| 7. Allen, W. S.    | 7. _____  |
| 8. Fischer, R. S.  | 8. _____  |
| 9. Vinson, P. D.   | 9. _____  |
| 10. Casper, A. B.  | 10. _____ |

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**Determine the sum of each addition problem:**

289	5675	789	908	917	1575	7565	7456
+147	+298	+25	+43	+87	+3572	+6793	+456
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**Other problems in addition to be completed:**

3567	54750	76.00	65.00	5.00	3.00	2.00	5.00
2124	12340	8.50	11.00	7.00	12.00	7.00	4.00
4897	4582	1.00	15.00	3.00	5.00	4.00	8.00
235	12	5.00	34.00	9.00	5.00	5.00	7.00
35	1372	19.00	35.00	4.00	7.00	8.00	9.00
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	456	56.00	20.00	1.00	8.00	4.00	5.00

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**Problems in subtraction to be completed:**

125.00	79.00	5.50	1,375.00	9.00	150.00	30.50	1,250.00
-35.00	-14.00	-1.25	-986.45	-.50	-15.00	-3.05	-975.25
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What is 10% of \$5.00? \_\_\_\_\_

What is 15% of \$15.00? \_\_\_\_\_

What is 2% of \$2,554.30? \_\_\_\_\_

# SPELLING TEST

*Instructions: Some of the words below are correctly spelled and some are not. Where the spelling is **WRONG**, write the correct spelling on the space following the word. Do nothing when a word is spelled correctly.*

already \_\_\_\_\_

goverment \_\_\_\_\_

accidant \_\_\_\_\_

deside \_\_\_\_\_

accept \_\_\_\_\_

committe \_\_\_\_\_

bussiness \_\_\_\_\_

minute \_\_\_\_\_

realy \_\_\_\_\_

convenient \_\_\_\_\_

referance \_\_\_\_\_

fourty \_\_\_\_\_

nuisence \_\_\_\_\_

beleive \_\_\_\_\_

guaranteed \_\_\_\_\_

definitly \_\_\_\_\_

ninth \_\_\_\_\_

permenent \_\_\_\_\_

invoise \_\_\_\_\_

apologize \_\_\_\_\_

consideration \_\_\_\_\_

remittance \_\_\_\_\_

assure \_\_\_\_\_

immediatly \_\_\_\_\_

foriegn \_\_\_\_\_

morgage \_\_\_\_\_

responsability \_\_\_\_\_

bookkeeping \_\_\_\_\_

application \_\_\_\_\_

desireable \_\_\_\_\_

develope \_\_\_\_\_

withhold \_\_\_\_\_

issue \_\_\_\_\_

recomend \_\_\_\_\_

receive \_\_\_\_\_

acknowlege \_\_\_\_\_

agreement \_\_\_\_\_

aquainted \_\_\_\_\_

experience \_\_\_\_\_

proceed \_\_\_\_\_

charactor \_\_\_\_\_

ledger \_\_\_\_\_

organization \_\_\_\_\_

hastely \_\_\_\_\_

atheletic \_\_\_\_\_

adjust \_\_\_\_\_

practical \_\_\_\_\_

interupt \_\_\_\_\_

arrangement \_\_\_\_\_

equpped \_\_\_\_\_