



APPLICATION FOR EMPLOYMENT

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

PERSONAL INFORMATION			
First Name	MI	Last Name	
Social Security Number		Phone Number	
Street Address		City	State Zip
Desired Position	Desired Start Date	Desired Salary	
Do you have a High School Diploma or GED? Yes No			

POSITION INFORMATION: Check all that you are willing to work.					
Full Time	Days	Weekdays	Mon	Thu	Sat
Half Time	Evenings	Weekends	Tue	Fri	Sun
Part Time			Wed		
Are you authorized to work in the United States? Yes No					
Have you ever been convicted of a felony? Yes No					
If yes, explain:					
Have you been told the essential functions of the job or have you viewed a copy of the job description, listing the essential functions of the job?					
Yes No					
Can you perform these essential functions of the job with or without reasonable accommodation?					
Yes No					

QUALIFICATIONS: Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.			
	School Name	Degree	City/State
High School			
College			
Other			

LICENSES AND CERTIFICATIONS: Please list all licenses and certifications. Include the state that it was obtained and any other information such as the license number .



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REFERENCES: Please list three professional references not related to you, with full name, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.		
Name	Phone	Relationship

WORK HISTORY: Start with your present or most recent employment and work back. Use separate sheet if necessary.		
Job Title #1	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary
May we contact this employer? Yes No		
Job Title #2	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary
May we contact this employer? Yes No		
Job Title #3	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary
May we contact this employer? Yes No		



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Please Read Carefully

I hereby authorize Deaconess Nurse Ministry to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Deaconess Nurse Ministry and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in Deaconess Nurse Ministry.

Signature

Printed Name

Date