



Employment Application (Please Print Clearly and Accurately) Date Available for Employment: _____ Today's Date: _____

Applicant Information

Full Name: _____ SSN: _____
Last First M.I.

Address: _____
Street Apt. # City State Zip Code

Phone: () _____ E-Mail Address: _____
(Including Area Code)

Position Applied for: _____ Desired Salary: \$ _____

Are you a citizen of the United States? Yes No If no, are you legally authorized to work in the U.S.? Yes No

Have you been convicted of a felony? Resident card or Alien #: _____

Have you worked for this company? If so, when? _____

If yes, explain: _____

Education

High School: _____ Address: _____
(City, State, ZIP Code)

From: _____ To: _____ Did you Graduate? Yes No Degree/GPA: _____

College: _____ Address: _____
(City, State, ZIP Code)

From: _____ To: _____ Did you Graduate? Yes No Degree/Major/GPA: _____

Other: _____ Address: _____
(City, State, ZIP Code)

From: _____ To: _____ Did you Graduate? Yes No Degree/Major/GPA: _____

Reference

Please list three professional references. (Teacher, supervisor, former employer, colleague, client/vendor) (If self-employed, please list contracting reference. Do NOT include relatives, friends, or HUMADAOP employees)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

E-Mail Address: _____ Number of Years known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

E-Mail Address: _____ Number of Years known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

E-Mail Address: _____ Number of Years known: _____

List friends and relatives (show relationship) employed at HUMADAOP: _____

Print your name in full: _____

SSN: _____

Previous Employment

(List last position first. Address and Phone # must be complete)

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____
(City, State, ZIP Code)

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for reference? Yes No No. Of Work days Missed per Year: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____
(City, State, ZIP Code)

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for reference? Yes No No. Of Work days Missed per Year: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____
(City, State, ZIP Code)

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for reference? Yes No No. Of Work days Missed per Year: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Agreement/Release

By signing below, I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that providing any false or misleading information in this application or during my interview may result in denial of employment or my later release from employment. I also authorize my former employers or schools to provide any job or school performance data the Company may request.

By signing below, I understand that: (1) Hispanic UMADAOP has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that as a condition of initial employment, I will be requested to submit to a criminal background check and fingerprinting to be completed by Guarino & Associates.

Signature

Date

Printed Name (as appears in school records)

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental, or physical disabilities, veteran/reserve/national guard or any other similarity protected status. We comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Questionnaire Form. (Please Print Clearly & Accurately)

Today's Date: _____

Full Name: _____ Date available for Employment: _____
(As it appears in school records)

Credential/License No. _____ Issue Date: _____ Effective Date: _____ Expiration Date: _____

NPI Number: _____ Medicaid Provider ID: _____ will have them retroactive 12 months? Yes No
(NPI Number & Medicaid Provider ID)

Position Applied: _____ Part-Time/Full Time _____ Salary Expectation: _____

If position requires, are you willing to rotate shifts every week? _____
(It may include weekends, overnight and holidays)

Please Indicate Available Days and Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time:	_____	_____	_____	_____	_____	_____	_____
Time:	_____	_____	_____	_____	_____	_____	_____

Driver License No.: _____ State License was issued: _____ Are you legally authorized to work in the U.S.? _____ High School: _____ College: _____

College student ID: _____ If not graduated/Total Credit Hours: _____ Major: _____ GPA: _____

Master Degree: _____ GPA: _____ Indicate any Foreign Language: _____

How would you evaluate your knowledge of the foreign language mentioned above from 1 to 10:

1 2 3 4 5 6 7 8 9 10

Write

Read

Speak

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Basic | <input type="checkbox"/> Basic | <input type="checkbox"/> Basic |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> Advanced | <input type="checkbox"/> Advanced | <input type="checkbox"/> Advanced |

List any computer software with which you are proficient: _____

Word

Excel

Power Point

Characters typed per minute/ WPM: _____

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Basic | <input type="checkbox"/> Basic | <input type="checkbox"/> Basic |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> Advance | <input type="checkbox"/> Advance | <input type="checkbox"/> Advance |

List community or college activities, note any leadership responsibilities. (Please omit activities related to race, age, ethnic origin, or religious affiliation): _____