

# SPCHS Employment Application

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

(Apt)

City, State

Zip

Alternate Address: \_\_\_\_\_

Street

City, State

Zip

Contact: \_\_\_\_\_

( )

( )

Home Telephone

Mobile

Email

Position Sought: \_\_\_\_\_

Desired Pay Range: \_\_\_\_\_ ☐ Hourly ☐ Salary ☐ Contract

Are you currently employed? ☐ Yes ☐ No

Available Start Date: \_\_\_\_\_

Have you ever applied to / worked for Company before? ☐ Yes ☐ No

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for SPCHS? ☐ Yes ☐ No

If yes, state name & relationship: \_\_\_\_\_

Do you have transportation to/from work? ☐ Yes ☐ No

Will you relocate? ☐ Yes ☐ No

Are you over the age of 18? ☐ Yes ☐ No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? ☐ Yes ☐ No

If hired, are you willing to submit to and pass a controlled substance test? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? ☐ Yes ☐ No If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐ Yes ☐ No

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

## Education

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			
Military			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the position.

## Experience

*Please list beginning from most recent*

Dates Employed	Company Name
Role/Title	Location

May we contact? ☐ yes ☐ no      Job notes, tasks performed and reason for leaving:

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**Dates Employed**

**Company Name**

**Role/Title**

**Location**

**May we contact?** ☐ yes ☐ no

**Job notes, tasks performed and reason for leaving:**

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**Dates Employed**

**Company Name**

**Role/Title**

**Location**

**May we contact?** ☐ yes ☐ no

**Job notes, tasks performed and reason for leaving:**

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**Dates Employed**

**Company Name**

**Role/Title**

**Location**

**May we contact?** ☐ yes ☐ no

**Job notes, tasks performed and reason for leaving:**

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## References

List three personal references, not related to you, who have known you for more than one year.

**Name:**

**Phone:**

**How Long?:**

**Address:**

Street

City

State

Zip

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **How Long?:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

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**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **How Long?:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

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**In case of emergency, please notify:**

**Name:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

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**Name:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

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I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_