

EQUAL OPPORTUNITY EMPLOYER

EMSI EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date _____

Name (Last Name, First, Middle)			Social Security Number
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number		Referred By:	

EMPLOYMENT DESIRED

Position	/	Date You Can Start	/	Desired Pay
Are You Employed? _____ YES _____ NO		If so, May We Inquire of Your Present Employer _____ YES _____ NO		
Ever Applied to This Company Before ? _____ YES _____ NO		/	WHERE ?	/
		/	WHEN ?	/

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL	/	/	/
HIGH SCHOOL	/	/	/
COLLEGE	/	/	/
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	/	/	/

GENERAL INFORMATION

Subjects of Special Study/Research	
Work or Special Training/Skills _____	
U.S. Military Service _____	/ Rank _____
Emergency Contact _____	
Name	Relationship
Phone	

FORMER EMPLOYERS List below last 4 Employers, starting with last one first.

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

FROM				
TO				

REFERENCES List the names of 3 Persons not related to you, whom you have known at least 1 year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

PLEASE READ!!! As part of your background investigation, you must complete this form. **PLEASE PRINT CLEARLY.** Illegible handwriting will only slow the process. The request for Date Of Birth is for permissible purpose and not for purposes prescribed by the law prohibiting age discrimination. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is unlawful for an employer to refuse to hire; discharge; or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment because of an individual's age.

Name _____ Maiden Name _____
 Alias _____ Year Used ____ - ____ Alias _____ Year Used ____ - ____
 Phone _____ DOB _____ SSN _____
 Driver License Number _____ State _____ ID Number _____ State _____
 Have you ever pled guilty, no contest, been given deferred adjudication, or been found guilty of a crime? ___ YES ___ NO
 City _____ County _____ State _____ Year _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.
 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
 This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____

Interviewed By _____ Date _____