

EMPLOYMENT APPLICATION

LAST NAME,	FIRST NAME,	MIDDLE INITIAL				
PRESENT ADDRESS: No.	STREET	CITY	STATE	ZIP	HOME PHONE No.	BUSINESS PHONE No.
PERMANENT ADDRESS, if different from present address:						
If hired can you provide proof that you are legally able to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>						
List any friends or relatives employed by this Company:						

Position Desired:	Salary Desired:
Check appropriate box for type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
What days and hours are you available for work?	
Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO if under 18 can you provide a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please describe the functions that cannot be performed: _____	
<i>(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)</i>	

Some of our clients do not speak English. Do you speak, write or understand any foreign language (s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which language(s)? _____
Operate personal computer? <input type="checkbox"/> YES <input type="checkbox"/> NO Types of software: _____
List other office machines you can operate: _____
Specific skills or training: what knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? _____ _____

Answer the following questions if you are applying for a professional, licensed or certified position
Are you licensed / certified for the job applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of license / certification: _____
Issuing state: _____
License / certification number: _____
Has your license / certification ever been revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain: _____ _____ _____

Please continue...

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Type of School	Name and Location of school	# of years completed	Graduated? yes / no	Degree(s)? Diploma(s)?	Major Field(s) of study
High School or Trade School					
Business or Tech. School					
Jr. College And/or University					
Other training (Explain)					

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or most recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over 7 years prior, etc.) Attach an additional sheet if extra space is needed.

Company Name	Dates Employed <i>From:</i> <i>To:</i>	
Street Address	Job Title	Hours Worked
City, State, Zip Code	Specific Job Duties: 1. 2. 3.	
Telephone # ()		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name	Dates Employed: <i>From:</i> <i>To:</i>	
Street Address	Job Title	Hours Worked
City, State, Zip Code	Specific Job Duties: 1. 2. 3.	
Telephone # ()		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Company Name	Dates Employed <i>From:</i> <i>To:</i>	
Street Address	Job Title	Hours Worked
City, State, Zip Code	Specific Job Duties: 1. 2. 3.	
Telephone # ()		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name	Dates Employed: <i>From:</i> <i>To:</i>	
Street Address	Job Title	Hours Worked
City, State, Zip Code	Specific Job Duties: 1. 2. 3.	
Telephone # ()		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name	Dates Employed: <i>From:</i> <i>To:</i>	
Street Address	Job Title	Hours Worked
City, State, Zip Code	Specific Job Duties: 1. 2. 3.	
Telephone # ()		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please continue...

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Periods of Unemployment

Please account for all periods of unemployment within the last seven (7) years, beginning with your most recent period of unemployment.

Dates Unemployed	Reason for unemployment
From: to:	

Dates Unemployed	Reason for unemployment
From: to:	

Dates Unemployed	Reason for unemployment
From: to:	

Military Service

Have you obtained any special skills or abilities as the result of service in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: _____ _____

Professional References

Please list at least two (2) persons NOT related to you who have known you at least five (5) years.		
Name	Address	Phone Number
Name	Address	Phone Number

Applicants Statement (Initial each numbered item as read)

- _____ 1. The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the company or its agents.

- _____ 2. I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or any way related to such inquiry or disclosure.

- _____ 3. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

- _____ 4. I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.

Please continue...

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- _____5. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.

- _____6. I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, express or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.

- _____7. I understand and agree that in the event of any issue or dispute arising under or involving any provision of the employee's terms of employment with the Company or the termination of employment (except for claims for worker's compensation, unemployment insurance, and any matter within the jurisdiction of the California Labor Commissioner), the issue shall be submitted to final and binding arbitration, which is explained in more detail in the Company's Employee Handbook.

- _____8. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing seven (7) statements.

Date: _____

Signature of Applicant

Please Print Name

Please continue with the exam:

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Basic Aptitude Exam

Place each group of names in alphabetical order, by numbering them (1-6) on the line preceding each name.

A.

_____Mc Dougal, Michael

_____Mc Donald, Ronald

_____Mc Daniel, Barbara

_____MacDonald, Cynthia

_____MacDonald, Debra

_____Mac, Daddy

B.

_____Rogers, Maria

_____Rodriguez, Miguel

_____Rodgers, Margarita

_____Roger, Marina

_____Rodriguez, Manuel

_____Rodger, Martin

C.

_____Smith, John

_____Smithe, Jackie

_____Smith, Jane

_____Smyth, James

_____Smith, Joe

_____Smythe, Jerry

D.

_____Thomos, Rick

_____Thompson, Jeff

_____Thomas, Karen

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_____Thomsen, Anne

_____Thompson Twins

_____Thomas, Kathy

E.

_____William, Christine

_____Wilhite, Carrie

_____Williams, Joyce

_____Williams George

_____Williamson, Lisa

_____Wilson, Andrew

F.

_____Andrews, Williams

_____Ander, Andrea

_____Andrews, Will

_____Aldridge, Kim

_____Anderson, Amy

_____Ander, Andy

Spelling Test

Place an "X" in the space preceding any misspelled word. Then write the correct spelling next to the misspelled word.

_____Perscription_____

_____Febuary_____

_____Chihuahua_____

_____Tomorrow_____

_____Receptionest_____

_____Emergency_____

_____Schedual_____

_____Wendsday_____

_____Diarrhia_____

_____Address_____

_____Receive_____

_____Abcess_____

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Math Test

Legend:

SID = Once a day
BID = Twice a day
TID = Three times a day
QID = Four times a day

How many tablets would you need if the doctor prescribes?

(Note: only whole tablets may be sold, so round up.)

1. 1 tablet BID x 7 days?
2. $\frac{1}{2}$ tablet TID x 14 days?
3. $\frac{3}{4}$ tablet SID x 7 days?
4. 1 tablet QID x 3 days?
5. $\frac{1}{2}$ tablet SID x 14 days?
6. 1 $\frac{1}{2}$ tablets BID x 7 days
7. 1 tablet now then repeat in 4 weeks?
8. 1 tablet TID x 21 days?
9. $\frac{1}{2}$ QID x 14 days?
10. 1 tablet once a day for 3 days, then $\frac{1}{2}$ tablet once a day for 3 days, then $\frac{1}{2}$ tablet every other day for 5 days?