

Skills			
Rank your knowledge of below software:			
Software	Beginner	Intermediate	Advanced
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welligent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Skills: Please list any skills (including translation skills) or experience with equipment, relevant to the position for which you are applying (i.e. CPR/First Aid...).			

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Has your license/certification ever been revoked or suspended?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

Employment History		
Are you currently employed? ___ YES ___ NO		
List below ALL of your employers up to ten years beginning with the most recent. Complete all requested information, even if attaching a resume. Attach separate sheets if necessary.		
Dates Employed		Name, Location and Telephone Number of Employer
From Mo. Yr.	To Mo. Yr.	Current Employer
Position(s)		
Name and Telephone Number of Supervisor		If current supervisor, may we contact? ___ YES ___ NO
Reason for Leaving		

Dates Employed		Name, Location and Telephone Number of Employer
From Mo. Yr.	To Mo. Yr.	
Position(s)		
Name and Telephone Number of Supervisor		If current supervisor, may we contact? ___ YES ___ NO
Reason for Leaving		

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Reason for Leaving		

Explain any gap in employment for more than 6 months:

Military Service
Have you obtained any special skills or abilities as the result of service in the military? ___ YES ___ NO
If yes, please describe:

APPLICANT'S STATEMENTS (initial each numbered item as read)

Prospective employees will receive consideration on the basis of their qualifications and with assurance of equal opportunity and treatment regardless of race, color, religion, sex, pregnancy, sexual orientation, national origin, ancestry, citizenship, age, physical or mental disability, or any characteristic protected by state or federal law. Incomplete applications may not be considered.

___ 1. I certify that all the information I have given on this application is true and complete and that I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that failure to provide complete information or any misrepresentation in the information I provide, whether on this form or otherwise, may lead to refusal to hire me or to termination of employment.

___ 2. I authorize inquiry into my suitability for the position for which I am being considered and I hereby give my consent to present and past employers to release the information necessary to verify my work history and hereby release my present and past employers from all liability for any damages whatsoever arising from the release of any and all information regarding my employment.

___ 3. I understand that there is and will be no offer of an employment contract or guarantee of minimum length of employment and that in the event that I am hired by the agency, my employment with the agency will be at-will, and that my employment and compensation can be terminated, with or without notice, with or without cause, at any time, at the option of either the company or myself. I understand that no employee or other representative of the company is authorized to make any other representation to employees regarding the term of my employment, and I confirm that no other representation has been made to me.

___ 4. I understand that any offer of employment is subject to verification of employment eligibility as required by the Immigration Reform & Control Act of 1986.

___ 5. I understand that the Agency 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 Agency has reasonable suspicion to believe that I am under the influence of a drug or alcohol or under certain circumstances to random drug testing if I am employed in a safety-sensitive position. 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.

___ 6. 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 five (5) statements.

An applicant's conviction history will not be taken into consideration before making a conditional offer of employment. Hillside may inquire about and consider an applicant's conviction history after a conditional offer is extended, in accordance with State and Federal law regulations.

Signature of Applicant: _____

Date: _____