

A. Patullo Company EMPLOYMENT APPLICATION

PERSONAL

Last Name:	First Name:	MI:	SS/DL#:	
Present Address:				
Home Phone:	Mobile Number:	Email:		
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 No	
How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other				
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of offense(s), date(s), city, state and disposition on a separate sheet of paper. <i>Note: An affirmative answer will not necessarily result in disqualification for employment:</i>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List any relatives or friends employed by the Company:			Relationship:	

EMPLOYMENT

Position Desired:	Salary Desired:
What days and hours are you available for work?	
Are you available for overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When are you available to begin work?	
<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>	

SKILLS

Many of our [customers/clients/patients] do not speak English. Do you speak, write or understand any foreign language?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes which language(s) and with what proficiency:		
Are you able to operate a personal computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Types of software:
List other 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?		

EDUCATION

Type of School	Name & Location of School	# of years to completed	Graduated Yes No	Degree(s) or Diplomas(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 more 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 seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

POSITIONS HELD

Company Name:	Dates Employed:	Starting Salary
	From: _____ To: _____	Ending Salary
Street Address:	Job Title:	Hours Worked
		From: _____ To: _____
City, State, Zip Code:	Specific Job Duties:	
Telephone:	1. _____	
Supervisor:	2. _____	
	3. _____	

Is this your current employer? Yes No	Reason for leaving: _____
May we contact this employer? Yes No	What is the most important skill demonstrated on the job? _____

POSITIONS HELD (cont.)

Company Name:	Dates Employed: From: _____ To: _____	Starting Salary Ending Salary
Street Address:	Job Title:	Hours Worked From: _____ To: _____
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.	
Telephone:		
Supervisor:		
Is this your current employer? Yes No	Reason for leaving: _____	
May we contact this employer? Yes No	What is the most important skill(s) demonstrated on the job? _____	

Company Name:	Dates Employed: From: _____ To: _____	Starting Salary Ending Salary
Street Address:	Job Title:	Hours Worked From: _____ To: _____
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.	
Telephone:		
Supervisor:		

Is this your current employer?
Yes No

Reason for leaving:

May we contact this employer?
Yes No

What is the most important skill demonstrated on the job?

MILITARY SERVICE

Have you obtained and special skills or abilities as the result of service in the military? Yes No
If yes, please describe:

PERSONAL REFERENCES

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

Name:	Address:	Phone No.
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Name:	Address:	Phone No.
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APPLICANT'S 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 in any way related to such inquiry or disclosure.
3. 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 obtained 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.
4. 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.
5. I understand and agree that the employment for which I am making application is, and is intern 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 lon tem1 employment, unless made in writing, signed by an authorized representative of the Company.
6. I have placed my signature in the space provided below only after I have completed the entire to the best of my ability and have carefully read the foregoing seven (7) statements.

Date

Name

Signature