



Social Security Number: _____ - _____ - _____

Date: ___/___/___

Name: _____
(Last) (First) (Middle)

Address: _____
(Address / City / State / Zip Code)

Phone: (____) _____ - _____ Email Address: _____

Are you 18 years of age or older? Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Have you ever been convicted of a misdemeanor or felony, or plead "No Contest" to the same? Yes No

EDUCATION

Type	Name / Location	Course of Study	Years Completed	Degree/ Diploma
Elementary & Junior High School				
High School				
College				
Graduate				
Technical / Other				

EMPLOYMENT RECORD

Company Name & Address	Kind of Work	Start Date / End Date	Pay Rate	Reason for Leaving
		___/___ - ___/___		
		___/___ - ___/___		
		___/___ - ___/___		
		___/___ - ___/___		

U.S. MILITARY SERVICE

Branch of Service: _____

Rank and Type of Service: _____

Training/Experience Received: _____

From: ____ / ____ to ____ / ____

REFERENCES (Do Not Include Relatives)

Name/ Occupation/ Years Known / Phone Number

1. _____ / _____ / _____ / (____) _____ - _____

2. _____ / _____ / _____ / (____) _____ - _____

3. _____ / _____ / _____ / (____) _____ - _____

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

How were you referred to Infection Controls, Inc.? _____

Are you currently employed by a customer (current or former) of Infection Controls, Inc.? __Yes __No

Please Specify : _____

Do you have any relatives who are employed or have ever been employed by Infection Controls, Inc.? __Yes __No

Please Specify : _____

Are you a relative, friend, or employee of anyone who provides referrals to Infection Controls, Inc.? __Yes __No

Please Specify : _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? __Yes __No

Please Specify : _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

EMERGENCY CONTACT:

(Name) (Relation to Applicant) (Address) (Phone)

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I give permission to Infection Controls, Inc to perform a background criminal investigation, sex offender, and driving record check. I understand that a drug test is required and that random drug testing can be performed at the discretion of Infection Controls management.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature: _____

Date: _____