

Date Hired

Date Resigned



Klamath Falls, OR

Employment Application

Basic Information: Please print in ink

Form with fields: Position Applied For, Date of Application, How did you learn about us, Last Name, First Name, Middle Name, Address, City, State, Zip Code, Telephone Number(s), Social Security Number, Home, Cell, Emergency Contact.

Date Available: _____

Have you been convicted of a crime within the last 7 years? ___ Yes ___ No

If yes, please explain: _____

Are you a United States Citizen? ___ Yes ___ No Are you authorized to work in the U. S. ___ Yes ___ No

Drivers License: ___ Yes ___ No Auto Insurance: ___ Yes ___ No

Employment History

Employment History entry 1: Company, Address, Telephone, Date Employed, Starting Salary, Leaving Salary, Supervisor, Your Duties, Reason for Leaving.

Employment History entry 2: Company, Address, Telephone, Date Employed, Starting Salary, Leaving Salary, Supervisor, Your Duties, Reason for Leaving.

3.	Company	Address:	Telephone:
	Date Employed: From -- To	Starting Salary Leaving Salary	Supervisor
	Your Duties:		
	Reason for Leaving:		

If presently employed, why do you desire to change your position?

If you are now employed, may we contact your present employer? ___Yes ___No

If the answer is "no", please explain:

References:

1.	Name	Address	Phone Number
2.			
3.			

Education

School	Name/Address Of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1 2 3 4	__Yes __No	
College			1 2 3 4	__Yes __No	
Other (Specify)			1 2 3 4	__Yes __No	

Are you planning to pursue further studies? ___Yes ___No

If yes, ___Day or ___Night

If so, when, where, and what courses:

WE ARE AN AN-WILL EQUAL OPPORTUNITY EMPLOYER

We will give this application every consideration. However, in accepting it, AQHC Inc. makes no commitment of employment to the applicant. This application will remain active for 180 days.

Acknowledgement

Please Read Before Signing:

The facts set forth in my application for employment are true and complete to the best of my abilities. I understand that if employed, false or misleading statements on this application shall be considered immediate cause for dismissal. In making this application for employment I authorize you to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the company other than the Chief executive officer has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Applicants Signature: _____ **Date:** _____