CEDARS

CEDARS Employment Application (1 of 3)

EEO/AA/ADA

GENERAL

Last Name	First Name	MI	Social Security #	
Street Address	City	State	Zip	Date
Home Phone	Work Phone	Email Address		
Position Desired *(In order to be considered, you must indicate a specific position)*		( ) Full Time ( ) Part Time ( ) On-Call	( ) Days ( ) Evenings ( ) Overnights	Start Date: *Mo/Day/Yr*
Are you at least 19 years old? ( ) Yes ( ) No *If yes, please give date:*		Have you ever been employed here before? ( ) Yes ( ) No *If yes, please give date:*		

EDUCATION

	Name of School	Years Completed	Major Subjects	Year of Degree/Diploma
High School		9 10 11 12		
University/College		1 2 3 4		
Graduate School		1 2 3 4		

Related Education/Achievements (licenses, trainings, certificates, honors)

EMPLOYMENT (List present and past employment, including military and volunteer, beginning with the most recent)

Employer		Street Address	
Position Held		Supervisor	Phone
Hours Per Week	Ending Pay	From: *Mo/Yr*	To: *Mo/Yr*
Reason for Leaving			
Specific Duties			

Employer		Street Address	
Position Held		Supervisor	Phone
Hours Per Week	Ending Pay	From: *Mo/Yr*	To: *Mo/Yr*
Reason for Leaving			
Specific Duties			

Employer		Street Address	
Position Held		Supervisor	Phone
Hours Per Week	Ending Pay	From: *Mo/Yr*	To: *Mo/Yr*
Reason for Leaving			
Specific Duties			

Employer		Street Address	
Position Held		Supervisor	Phone
Hours Per Week	Ending Pay	From: *Mo/Yr*	To: *Mo/Yr*
Reason for Leaving			
Specific Duties			

Please note: this application continues on next page.

PERSONAL REFERENCES (Not former employers or relatives)

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

Do you have any pending charges of a violation of law, other than a minor traffic violation? ( ) YES ( ) NO

If YES, please explain:

Have you ever been convicted of a violation of law, other than a minor traffic violation? ( ) YES ( ) NO

If YES, please explain:

Note: a conviction record is not an automatic bar to employment. Each case is considered in relation to the position applied for.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any material omission of facts or misrepresentation may result in my discharge, if hired, regardless of when discovered. Unless otherwise expressly stated in a written appointment to a position or in a written contract of employment duly approved and executed by CEDARS, employees are considered at will, and either CEDARS or the employee may terminate the employment relationship upon giving the proper advance notice. I grant permission to CEDARS to investigate my employment record, educational record, criminal record, and other records to verify the information I have provided on this application and release CEDARS from any liability resulting from such investication.

Signature _____ Date _____

EMPLOYEE REFERRAL

Were you referred to CEDARS by a current CEDARS employee? ( ) Yes ( ) No

If Yes, please include their name: _____

Applicant, please continue to page (3 of 3).

FOR HUMAN RESOURCES USE ONLY

Date	Date	Date	Date
Application given to:	Application copy given to:	Application copy given to:	Application copy given to:

DEMOGRAPHIC INFORMATION (Providing this information is completely voluntary)

We request your cooperation in completing the following voluntary applicant demographic information. This information will not be used in making any decision affecting employment or any personnel action following employment. It will be used to complete records required of CEDARS by governing authorities.

Todays Date: *Mo/Day/Yr*	Name: *Last/First/Middle Initial*	( ) MALE ( ) FEMALE	Date of Birth: *Mo/Day/Yr*

Social Security Number:	Recruitment Source	Position Applying For:

Ethnic Background

( ) WHITE (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

( ) BLACK (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.

( ) HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central of South American, or other Spanish culture or origin, regardless of race.

( ) AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

( ) ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian Subcontinent or Pacific Islands. For example, China, Japan, Korea, the Philippines Islands, and Samoa.

Do you have a physical or mental disability? ( ) YES ( ) NO
If yes, please explain:

Citizenship or Immigration Status

( ) U.S. Citizen

( ) Immigrant alien (admitted to the U.S. for lawful permanent residence) with Alien Registration Receipt form I-551

( ) Nonimmigrant alien (admitted to the U.S. temporarily for specific purpose)

Please note: this application continues on next page.