

## CEDARS Employment Application (1 of 3)

EEO/AA/ADA

GENERAL									
Last Name	First Name			M	MI Social Sec		ecurity	curity #	
Street Address	City				St	ate	Zip	1	Date
Home Phone Work Phone	Cell Phone			Er	Email Address				
Position Desired (In order to be considered, you must indicate a spec			ecific	position)	(	Full Time Part Time On-Call	( ) Day ( ) Eve ( ) Ove	nings	Start Date: Mo/Day/Yr
Have you filled out an application here before if yes, please give date:	? ( ) Yes	( ) No				ave you ever bee yes, please give		d here b	pefore? ( ) Yes ( ) No
EDUCATION Name of School			Years	Completed	M	ajor Subjects		Year	of Degree/Diploma
High School			9 1	10 11 12					
University/College			1 2	2 3 4					
Graduate School			1 2	2 3 4					
Related Education/Achievements (licenses, tra	ainings, certi	ificates, h	onors	5)				·	
EMPLOYMENT (List present and pas		امدادها م		:::::::::::::::::::::::::::::::::::::::	aluma		محمد حطة ط	• uo oo u •)	
Employer (List present and pas	t employmei	nt, inclua		Street Addre		er, beginning wit	n the mos	t recent)	
Position Held				Supervisor			Pho	ne	
Hours Per Week Ending	Ending Pay			From: Mo/Yr			To:	Mo/Yr	
Reason for Leaving									
Specific Duties									
Employer				Street Addre	SS				
Position Held			8	Supervisor			Pho	ne	
Hours Per Week Ending	ek Ending Pay			From: Mo/Yr				To:	Mo/Yr
Reason for Leaving									
Specific Duties									
Employer			١,	Street Addre					
Employer					55				
Position Held				Supervisor				Pho	<u> </u>
	Ending Pay			From: Mo/Yr				To:	Mo/Yr
Reason for Leaving									
Specific Duties									
Employer			5	Street Addre	SS				
Position Held			5	Supervisor				Pho	ne
Hours Per Week Ending	Pay		F	From: Mo/Yr			To:	Mo/Yr	
Reason for Leaving			- 1						
Specific Duties									



## CEDARS Employment Application (2 of 3)

EEO/AA/ADA

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 to	raffic 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 investigation.				
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).

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## FOR HUMAN RESOURCES USE ONLY

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



## CEDARS Employment Application (3 of 3)

EEO/AA/ADA

<b>DEMOGRAPHIC INFORMATION</b> (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.						
Today's Date: Mo/Day/Yr	Name: Last/First/Middle Initial	() MALE () FE	MALE	Date of Birth: Mo/Day/Yr		
Social Security Number:	Recruitment Source		ng For:			
Ethnic Background  ( ) WHITE (not of Hispanic origin): Foriginal peoples of Europe, North Afri ( ) BLACK (not of Hispanic origin): Athe black racial groups of Africa.  ( ) HISPANIC: All persons of Mexic South American, or other Spanish cu	Do you have a physical or mental disability? ( ) YES ( ) NO If yes, please explain:					
( ) AMERICAN INDIAN OR ALASKA origins in any of the people of North identification through tribal affiliation ( ) ASIAN OR PACIFIC ISLANDER: the original peoples of the Far East, Subcontinent or Pacific Islands. For ephilippines Islands, and Samoa.	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)					