



**GENERAL**

Last Name		First Name		M.I.	Social Security #	
Street Address		City		State	Zip	Date
Home Phone		Work Phone		Email Address		
Position Desired <i>(In order to be considered, you must indicate a specific position)</i>			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnights	Start Date: <i>Mo./Day/Year</i>	
Are you at least 19 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. citizen, or otherwise authorized to lawfully work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you filled out an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give date:</i>			Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give date:</i>			

**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, certifications, 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					

# 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			
Have you ever been convicted of a violation of law other than a minor traffic violation?	NO	YES	If YES, please explain:
<i>Note: a conviction record is not an automatic bar to employment. Each case is considered in relation to the position applied for.</i>			
<p>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.</p>			
Signature _____		Date _____	

Employee Referral
Were you referred to CEDARS by a current CEDARS employee? Y / N
If so, please include their name: _____

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

-----

**FOR HUMAN RESOURCES USE ONLY**

Date	Date	Date	Date
Application copy 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 governmental authorities.*

Today's Date: Mo/Day/Yr		Name: Last/First/Middle Initial		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: Mo/Day/Yr	
Social Security Number:			Recruitment Source:		Position Applying for:		
<p><b>Ethnic Background</b></p> <p><input type="checkbox"/> <b>WHITE</b> (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="checkbox"/> <b>BLACK</b> (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> <b>HISPANIC</b>: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> <b>AMERICAN INDIAN OR ALASKAN NATIVE</b>: All persons having origins in any of the people of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> <b>ASIAN OR PACIFIC ISLANDERS</b>: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or Pacific Islands. For example, China, Japan, Korea, the Philippines Islands, and Samoa.</p>				Do you have a physical or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			
				<p><b>Citizenship or Immigration Status</b></p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Immigrant alien (admitted to the U.S. for lawful permanent residence) with Alien Registration Receipt form I-551</p> <p><input type="checkbox"/> Nonimmigrant alien (admitted to the U.S. temporarily for specific purpose).</p>			