



# APPLICATION FOR EMPLOYMENT

Mendo-Lake Home Respiratory Services 843 Parallel Drive, Lakeport, CA 95453  
 Phone (707) 263-9888 Fax (707) 263-9889

## PERSONAL INFORMATION

Date \_\_\_\_\_  
 Social Security  
 Number \_\_\_\_\_

Name

Last First Middle

Present Address

Street City State Zip

Permanent Address

Street City State Zip

Phone No.

Are you 18 years or older? Yes  No

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes  No

## EMPLOYMENT DESIRED

Position Date you Can Start Salary Desired

Are you employed now? If so, may we inquire of your current employer?

Ever applied to this company before? Where? When?

Referred By

EDUCATION	Name and Location of School	*No. of Years Attended	*Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

## GENERAL

Subjects of Special Interest or Research Work

Special Skills

Exclude organizations the name of which indicates the race creed sex age marital status. color or nation of origin of its members

Activities: (Civic, Athletic, Etc.)

U.S. Military or Naval Service Rank Present membership in National Guard or Reserves

'The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. MLHRS is an Equal Opportunity Employer.

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS** (List below last three employers, starting with last one first).

Date Month and Year	Name and address of employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

**REFERENCES:** Give the names of two persons (not related to you) whom you have known at least one year, as well as two past employers.

Name	Address	Phone #	Years Acquainted
Personal Reference			
Personal Reference			
Past Employer			
Past Employer			

In case of emergency notify

Name	Address	Phone No.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Date

Signature

**DO NOT WRITE BELOW THIS LINE**

Interviewed by

Date

Remarks

Neatness

Ability

Hired Yes q No q

Position

Dept

Salary/Wage

Date Reporting to Work

Approved

1

2

3

Employment manager

Dept. Head

General Manager

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. Mendo-Lake Home Respiratory Services is an Equal Opportunity Employer.