

THE *Elizabeth Scott*
COMMUNITY, INC.

2720 Albon Road
Maumee, OH 43537



Received

Date: _____

Int: _____

Attention Applicants for Employment:

All potential Elizabeth Scott Community employees must successfully complete a background check (to include fingerprinting) and physical examination (to include drug testing).

Name/Last, First, Middle

Position

Date

PERSONAL INFORMATION

Name _____ Social Security Number _____
 Last First Middle

Other name(s) under which employed _____

Present Address _____ Phone Number _____
 Street City State Zip Code

Permanent Address _____ Phone Number _____
 Street City State Zip Code

If you cannot be reached at above phone number, where may we contact you? Phone _____ Name of Person _____

EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

How Did You Learn Of This Opening? _____

Have you ever been employed with Elizabeth Scott Community, Inc.? Yes No
 If yes, when? From _____ through _____

Will You Accept Employment of: Full time Part time Temporary
 If Under 18 Yrs. Of Age, Do You Have A Work Permit? Yes No

Date Available _____

EDUCATION / TRAINING

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lab or X-Ray Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			If Yes, Date ____/____/____	

Other Classes/Training _____

Extracurricular Activities While in School _____

Area of Specialization Or Major Interest _____

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Verif.

Type	Organization or State Issued	Date Issued	Number	Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

MILITARY RECORD

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty

Specialized Training: _____

List Service Awards, Commendations: _____

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company Name		Dates Employed					
		From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)		Phone			Starting Salary	Ending Salary	
					\$	\$	
Position Title		Immediate Supervisor's Name and Title					
Job Description & Responsibilities:							
May we contact for reference?		Reason for Leaving: _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Company Name		Dates Employed					
		From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)		Phone			Starting Salary	Ending Salary	
					\$	\$	
Position Title		Immediate Supervisor's Name and Title					
Job Description & Responsibilities:							
May we contact for reference?		Reason for Leaving: _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Company Name		Dates Employed					
		From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)		Phone			Starting Salary	Ending Salary	
					\$	\$	
Position Title		Immediate Supervisor's Name and Title					
Job Description & Responsibilities:							
May we contact for reference?		Reason for Leaving: _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Company Name		Dates Employed					
		From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)		Phone			Starting Salary	Ending Salary	
					\$	\$	
Position Title		Immediate Supervisor's Name and Title					
Job Description & Responsibilities:							
May we contact for reference?		Reason for Leaving: _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Company Name		Dates Employed					
		From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)		Phone			Starting Salary	Ending Salary	
					\$	\$	
Position Title		Immediate Supervisor's Name and Title					
Job Description & Responsibilities:							
May we contact for reference?		Reason for Leaving: _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No							

