

Keokuk Area Medical Equipment & Supply, Inc.

Application For Employment

Qualified applicants are considered for all positions regardless of race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative

Employment Agency Other

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Phone No. _____

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

Are you a citizen of the United States? Yes No

If not, do you possess an Alien Registration Card? Yes No

Are you available to work? Full Time Part Time Shift Work

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do any of your friends or relatives, other than your spouse, work here?
 Yes No If yes, list name(s) _____

Have you been convicted of a felony within the last 7 years? Yes No
If yes, explain _____

**Applicant
Data Record**

Qualified applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely, to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This Data is for periodic government reporting and will be kept in a Confidential File separate from the Application of Employment.

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative

Employment Other _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable: Vietnam Era Veteran

Disabled Veteran Handicapped Individual

EDUCATION

	Elementary	High	College/University	Graduate
School Name	_____			
Yrs. Completed (Circle)	4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4	
Diploma/Degree	_____			
Describe Course of Study:	_____			
Describe specialized training, apprenticeship, skills and extra-curricular activities	_____			

Honors Received:	_____			
State any additional information you feel may be helpful to us in considering your application.	_____			

Are you a veteran of the U.S. military service? Yes No

If yes, what was your Branch of U.S. military Service? _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes No

If yes, please explain _____

List professional, trade, business, or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin):

Give name, address and phone numbers of three references not related to you.

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin).

1.

Employer _____ Dates: To _____ From _____
Address _____ Job Title _____
Supervisor _____

Hrly. Rate/Salary: Starting _____ Final _____
Reason for leaving: _____
Work performed: _____

2.

Employer _____ Dates: To _____ From _____
Address _____ Job Title _____
Supervisor _____

Hrly. Rate/Salary: Starting _____ Final _____
Reason for leaving: _____
Work performed: _____

3.

Employer _____ Dates: To _____ From _____
Address _____ Job Title _____
Supervisor _____

Hrly. Rate/Salary Starting _____ Final _____
Reason for leaving: _____
Work performed: _____

4.

Employer _____ Dates: To _____ From _____
Address _____ Job Title _____
Supervisor _____

Hrly. Rate/Salary Starting _____ Final _____
Reason for leaving: _____
Work performed _____

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills and qualifications acquired from employment or other experience _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I hereby authorize KAME to obtain information concerning me, whether on record or not, from places of previous employment, references, or other sources. I also release any individual partnership, or corporation and their officers, agents, and employees from any liability for any damage whatsoever for issuing such information.

Signature of Applicant

Date: _____

For Personnel Department Use Only

Arrange Interview Yes No

Remarks: _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Dept _____

By _____
Name/Title Date
