



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Office Use Only

- FCCC
- CVV/FCAL
- FCHC

PERSONAL	Last Name First Middle			Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? Yes ___ No ___ If yes: Month and Year _____			Social Security #
	Position Desired			Pay Expected
	Are you legally eligible for employment in the United States? Yes ___ No ___			Will you work overtime if asked? Yes ___ No ___
	How did you hear about Field Crest Care Center/position?			
Membership in professional and civic organizations (<i>Exclude those which may disclose your race, color, religion, age or national origin</i>). Other special training or skills (languages, machine operation, etc.), special accomplishments or awards.				

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				Y N If yes: Year ___	
	College				Y N If yes: Year ___	
	Business/Trade/Technical				Y N If yes: Year ___	
	High School				Yes___ No___	
Are all Licenses/Certifications current? Yes No						
If "no" explain. _____						

MILITARY	Did you serve in the U.S. Armed Forces? Yes ___ No ___	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.		

