



SALA MEDICS Employment Application

APPLICANT INFORMATION

Last Name	First	Date			
Street Address					
City	State	ZIP			
Phone	E-mail Address				
Position Applied for	Date Available		Desired Salary		
Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, are you authorized to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked for SALA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, when?		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain		

If the position you are applying for requires driving as a part of the job duties, please answer the following:

Do you meet the minimum age requirement of 25 for the company's auto insurance, as required for this position? Yes No

EDUCATION

High School	Location					
From	To	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree	
College	Location					
From	To	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree	
Other	Location					
From	To	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree	

CERTIFICATIONS

Description	Number	Expiration Date

REFERENCES

Please list three **professional references**.

Full Name	Relationship	
Company	Phone	
Full Name	Relationship	
Company	Phone	
Full Name	Relationship	
Company	Phone	



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PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date