


# Employment Application


Please make sure to **FULLY** complete the entire application. If not applicable to you, please write N/A. Incomplete forms may slow down the hiring process.

## **PERSONAL INFO:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

 Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

 E-mail Address: \_\_\_\_\_  Phone: \_\_\_\_\_

Do you know of any reason you cannot perform the essential functions of the job for which you are applying, with or without reasonable accommodation?    Yes    No

Please describe any accommodation required: \_\_\_\_\_

Applying for position as: \_\_\_\_\_ Shift/HRS: \_\_\_\_\_

Do you drive and have access to a vehicle?    Yes    No

Have you previously been employed by Inglis?    Yes    No    If Yes, please provide dates and position \_\_\_\_\_

Are any members of your family currently employed by Inglis?    Yes    No

If Yes, whom? \_\_\_\_\_ Relationship: \_\_\_\_\_ Their position: \_\_\_\_\_

Are you legally eligible for employment in the United States?    Yes    No

Lawful Permanent Resident (Green Card)    Employment Authorization Card Expiration Date: \_\_\_\_\_

## What prompted you to apply at Inglis?

Employee Referral: \_\_\_\_\_ (Name of Employee)     Advertisement: \_\_\_\_\_ (Where?)

Other: \_\_\_\_\_

## **EDUCATION:**

	Name of School:	City & State:		
High School			Major:	Degree Received:
College				Type: Completed: <input type="radio"/> Yes <input type="radio"/> No
Other				Type: Completed: <input type="radio"/> Yes <input type="radio"/> No

*If you are applying for a position that requires a certification or license please complete below:*

Type of Nursing Certification or License: \_\_\_\_\_ Certification or License Number: \_\_\_\_\_

*\*Please be prepared to provide your recruiter with an up to date, color copy of your license/certification if asked.*



**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT HISTORY: Please begin with most recent employment.**

Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor's Name & Phone Number: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor's Name & Phone Number: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor's Name & Phone Number: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

TO INGLIS: I CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. INGLIS IS HEREBY AUTHORIZED TO INVESTIGATE FULLY ALL INFORMATION CONTAINED HEREIN. I AGREE THAT ANY MISREPRESENTATION OF FACTS CONTAINED IN THIS APPLICATION MAY BE CAUSE FOR MY DISMISSAL.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I HEREBY AUTHORIZE YOU TO RELEASE TO INGLIS ANY INFORMATION PERTAINING TO MY EMPLOYMENT AND I UNCONDITIONALLY RELEASE YOU AND YOUR ORGANIZATION FROM ALL LIABILITY FOR RELEASING THIS INFORMATION.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

INGLIS HIRES QUALIFIED INDIVIDUALS REGARDLESS OF RACE, COLOR, RELIGIOUS CREED, DISABILITY, ANCESTRY, NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE OR AGE. CONSISTENT WITH THESE EQUAL EMPLOYMENT RESPONSIBILITIES, INGLIS WILL MAKE REASONABLE ACCOMMODATION DURING BOTH THE APPLICATION PROCESS AND ON THE JOB.



## EMPLOYER INFORMATION REPORT EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEO-1)

*Inglis is required to provide statistical data periodically to governmental agencies. Please check the appropriate block that pertains to your gender, racial origin, military & marital status.*

### Gender:

- Male
- Female
- \_\_\_\_\_
- Prefer not to answer

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### Race & Ethnic Identification:

- Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
- White** (*Not Hispanic or Latino*) (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)
- Black or African American** (*Not Hispanic or Latino*) (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (*Not Hispanic or Latino*) (A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands)
- Asian** (*Not Hispanic or Latino*) (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- American Indian or Alaska Native** (*Not Hispanic or Latino*) (A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment)
- Two or More Races** (All persons who identify with more than one of the above races)

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### MILITARY SERVICE RECORD:

Are you a veteran of the US Military? Yes No If Yes, What branch?: \_\_\_\_\_ Rank: \_\_\_\_\_

Are you currently or have you been in The National Guard or Reserves? Yes No

If Yes, What is the date your obligations end? \_\_\_\_\_

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MARITAL STATUS: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Voluntary Self-Identification of Disability**

Form CC-305 OMB Control Number 1250-0005 Expires 05/31/2023

### **Why are you being asked to complete this form?**

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is **voluntary**, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past.

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### **How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

*Disabilities include, but are not limited to:*

- Autism
  - Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
  - Blind or low vision
  - Cancer
  - Cardiovascular or heart disease
  - Celiac disease
  - Cerebral palsy
  - Deaf or hard of hearing
  - Depression or anxiety
  - Diabetes
  - Epilepsy
  - Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
  - Intellectual disability
  - Missing limbs or partially missing limbs
  - Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
  - Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression
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### **Please check one of the boxes below:**

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.*