

## Personal Information

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

Social Security number: \_\_\_\_\_

Current street address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Previous street address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Primary phone number: (     ) \_\_\_\_\_

Alternative phone number: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth (month, day, year): \_\_\_\_\_

Place of birth (city, state): \_\_\_\_\_

U.S. citizen? \_\_\_\_\_ If not, current status: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Marital status: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Health Information

In case of emergency, contact

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

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

Phone number: (     ) \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Phone number: (     ) \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Date of most recent physical exam: \_\_\_\_\_

Do you have any physical or medical restrictions that could affect your job performance? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Job-Related Preferences**

Position desired: \_\_\_\_\_

Minimum pay acceptable: \_\_\_\_\_

Preferred pay range: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Preferred hours: \_\_\_\_\_

Willing to work weekends? \_\_\_\_\_

Holidays? \_\_\_\_\_ Overtime? \_\_\_\_\_

Willing to relocate to: \_\_\_\_\_

\_\_\_\_\_

Special accommodations required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_