



Employment Application

Equal Opportunity Employer

Date: _____

Last Name	First	Middle	Maiden
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Address	City	State	Zip
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Home Phone	Mobile	Email
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-If under age 18, please list age: _____

-Position applied for: _____ Salary desired: _____

-Days available to work: _____

-Hours available to work: _____

-Full time: _____ Part-time: _____

-Date available for work: _____

-Are you eligible for employment in the United States: Yes _____ No _____

-Alien number if applicable: _____

-Have you been in the armed forces? Yes _____ No _____

-Are you related to any of the current team members at The Urgency Room?

Yes _____ No _____ If Yes, _____

Education

Type of School	School Name and location	Years Completed
_____	_____	_____
High School		
_____	_____	_____
College		
_____	_____	_____
Business/Trade School		

-State Professional License/Certification Number: _____
 State of Issue: _____ Expiration date: _____
 -Have you ever been convicted of a crime? Yes _____ No _____
 If yes, please explain: _____
 -Drivers License Number: _____
 State of Issue: _____ Expiration date: _____
 -List any moving violations with in the past 3 years: _____

References that may include previous employers

Name	Company	Position	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience

Employer and Telephone	Supervisor	Dates	Salary
_____	_____	_____	_____

Job title	Reason for leaving	Duties performed
_____	_____	_____

Employer and Telephone	Supervisor	Dates	Salary
_____	_____	_____	_____

Job title	Reason for leaving	Duties performed
_____	_____	_____

I certify all statements are true to the best of my knowledge. I understand and agree that statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed, may be cause for dismissal.

Signature: _____ Date: _____



Fax application to 816-595-4001 or Email to info@theurgencyroom.net
