

# NPCMC EMPLOYMENT APPLICATION

**Notice to Applicants:** NPCMC is an equal opportunity employer and does not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic protected by state or federal law

## APPLICATION FOR EMPLOYMENT

### APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETES PAGES 1-4

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Position applied for (1) \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

and salary desired (2) \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL – OR PART-TIME

When available for work? \_\_\_\_\_

Have you ever worked with NPCMC before \_\_\_\_\_ YES \_\_\_\_\_ NO Dates: \_\_\_\_\_

Prior position(s) held: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Do you have any friends or relatives working for NPCMC? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please state name(s) and relationship: \_\_\_\_\_

Were you referred by anyone? \_\_\_\_\_ YES \_\_\_\_\_ NO Referred by: \_\_\_\_\_

**School/Institution**

**Number of Years Completed**

**Major & Degree**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
**If you were self-employed, give firm name.** Attach additional sheets if necessary

Name of employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of last supervisor \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Pay or Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: (Please be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

\_\_\_\_\_

\_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of last supervisor \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

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Address City State Zip Code Phone Number

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Pay or Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: (Please be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

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Pay or Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: (Please be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions. \_\_\_\_\_

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Name of employer

Address City State Zip Code Phone Number

Name of last supervisor \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Pay or Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: (Please be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

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May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you complete this application yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, who did? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, explain number of conviction(s) nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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

Please list two references other than relatives or previous employers

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**