

FAMILY SLEEP DIAGNOSTICS

DALLAS-FT. WORTH METROPLEX

FAMILY SLEEP DIAGNOSTICS

L A S C O L I N A S

Application for Employment

Equal Opportunity Employer

Family Sleep Diagnostics is an Equal Opportunity Employer and does not discriminate in its' employment and personnel practices because of a person's race, color, national origin, sex, religion, age or disability.

Please **print** and please complete **all** sections of this application – attach additional sheets if necessary

Date: _____

Position Applied for: _____ Desired Wage _____

Name _____ SSN _____

Best way/time to contact applicant: _____

How did you hear about this position:

12/01/2006

Human Resources

Family Sleep Diagnostics

Personal Information

- Mr.
- Ms.

Last

First

Middle Initial

Street Address

City

State

Zip Code

Telephone: Home

Mobile

Are you under age 18? Yes No

Email Address

Do you have legal authority to live and be employed in the U.S.? Yes No

If No, a US citizen, please provide proof that you can be legally employed in the US (INS Forms I-15, I-94, I-551, etc.) If hired, proof of identity and authorization to work in the US will be required, within three days.

Have you ever been convicted of a felony? Yes No

If Yes, please explain:

Education

Circle highest level of education completed:

High School 10 11 12 GED College 1 2 3 4 Graduate: 1 2 3 4

Highest Degree Held: Diploma/Certificate Associates BS/BA Master's PhD

Name of school City and State Graduation date Major, Degree or Course

High

College

Other

Do you hold a professional license, certification or registration? Yes No

If Yes:

Type

Issuing State/Assn.

License/Certificate #

Expires

Job Information

Are you available: Full-time Part-time PRN

What days of the week are you available to work? No Pref Thursday
 Monday Friday
 Tuesday Saturday
 Wednesday Sunday

Do you have a Driver's license? Yes No

Are you CPR Certified? Yes No Date of Expiration: _____

List any skills or qualifications you have that are related to the job(s) for which you are applying.

List any office machines, computer software/hardware, or equipment in which you are trained or have experience.

List any certifications or licenses - including driver's license - which you have that are related to the job(s) for which you are applying.

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation? Yes No

If yes, please describe accommodations:

Military

Have you ever been in the armed forces? Yes No

Are you now a member of the national guard? Yes No

If yes, anticipate discharge date _____

Work Experience

Please list your work experience for the past **five** years beginning with your most recent job held.

Name of employer/address/phone	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Job title		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Reason for leaving:			

Name of employer/address/phone	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Reason for leaving:			

Name of employer/address/phone	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Reason for leaving:

Name of employer/address/phone	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Reason for leaving:

May we contact your present employer? Yes No

References

Please list three (3) professional references

Name Position/Company Contact Number

Please list two (2) personal references

Name Position/Company Contact Number

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I understand that any falsification of this application may be considered sufficient cause for rejection of my application or termination if I am employed. I understand and agree that if employed, my employment will be for no definite period and may be terminated at any time.

Signature

Date

Voluntary Affirmative Action Information

Your completion of the information below is entirely voluntary. This information is requested solely to enable Family Sleep Diagnostics to meet record keeping and affirmative action requirements under Executive Order 11246, as amended, Section 402 of Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act. The information will be kept in strictest confidence. **Inclusion or exclusion of any of the data requested on this form will not affect any employment decision.**

Name (please print): _____

Gender (check one): **Male** **Female**

Race/Ethnic Group (check one):

- White:** (not of Hispanic origin) A person with origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin.
- Black:** (not of Hispanic origin) A person with origins in any of the black racial groups of Africa who is also not of Hispanic origin.
- Hispanic:** A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** A person with origins in any of the original people of the Far East, southeast Asia, the Indian subcontinent or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native:** A person with origins in any of the original peoples of North American and who maintains cultural identification through tribal affiliation or community recognition.

Special Disabled Veteran: **Yes** **No**

A person entitled to disability compensation for a disability rates at 30 percent or more, or rated 100 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U. S. C. to have a serious employment handicap, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

Veteran of the Vietnam Era: **Yes** **No**

A person who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (b) was discharged or released from active duty because of a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Disabled Individual: **Yes** **No**

A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Other Eligible Veterans: **Yes** **No**

Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
