



# Application for Employment

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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

|  |                 |                          |
|--|-----------------|--------------------------|
| Name:  |                 |                          |
| Address:   |                 |                          |
| City:  | State:          | Zip:                     |
| Home Phone:  | Cell Phone:     | Email:                   |
| Position desired:  |                 | Date available to start: |
|  |                 |                          |
| Level of education: High School/GED Some College AS BS Masters PHD |                 |                          |
|  |                 |                          |
| <b>Previous Employment</b>   |                 |                          |
| Employer name:   | Job title:      |                          |
| Address:   | Dates employed: |                          |
| City, state, zip:  | Phone number:   |                          |
| Reason for leaving:  |                 |                          |
|  |                 |                          |
| Employer name:   | Job title:      |                          |
| Address:   | Dates employed: |                          |
| City, state, zip:  | Phone number:   |                          |
| Reason for leaving:  |                 |                          |
|  |                 |                          |
| Employer name:   | Job title:      |                          |
| Address:   | Dates employed: |                          |
| City, state, zip:  | Phone number:   |                          |
| Reason for leaving:  |                 |                          |
|  |                 |                          |
| Other pertinent skills or experience:                              |                 |                          |
|  |                 |                          |
| Why do you want to work at AOK?                                    |                 |                          |
|  |                 |                          |
|  |                 |                          |
| Person to be contacted in case of an emergency:                    |                 |                          |
| Name:  | Phone:          |                          |



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|  |               |
|--|---------------|
| Please list three references other than a relative or previous employer. |               |
| Name:  | Phone number: |
| Occupation:  | Address:      |
| Relationship:  |               |
|  |               |
| Name:  | Phone number: |
| Occupation:  | Address:      |
| Relationship:  |               |
|  |               |
| Name:  | Phone number: |
| Occupation:  | Address:      |
| Relationship:  |               |

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Authorization for Background Check

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize AOK to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that AOK will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation. I also understand that I may withhold my permission and that, in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number