



**PRISMA INTERNATIONAL CORPORATION**  
**A World of Solutions**

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**EMPLOYMENT APPLICATION FORM**

PLEASE COMPLETE PAGES 1-4

DATE  /  /   
DD / MMM / YYYY

Name     
LAST FIRST MIDDLE

Present address       
NUMBER STREET CITY STATE ZIP CODE

Telephone (  )  Social Security No.  -  -   
LAST 4 DIGITS FOR ID PURPOSES ONLY

Are you under age 18  YES  NO, if "YES", can you provide proof of your eligibility to work?  YES  NO  
 Are you currently authorized to work in the United States?  YES  NO. Proof of eligibility will be required if hired.

**DAYS/HOURS AVAILABLE TO WORK**  
 Position applied for (1)  No Preference   
 and wage desired (2)  Minimum hours per week required  hrs/wk  
 most current wage (3)  Maximum hours per week wanted  hrs/wk

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  TEMPORARY/CONTRACT/PRN  
 When are you available to start work?  /  /   
DD / MMM / YYYY

Do you have a non-compete agreement? If so, with whom?

TYPE OF SCHOOL	SCHOOL NAME	SCHOOL LOCATION	YEARS COMPLETED	MAJOR / DEGREE / DIPLOMA
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime?  No  Yes (A Conviction record will not necessarily disqualify you from employment.)

If you were referred by someone → NAME

Do you smoke?  No  Yes (We work in non-smoking environments; mostly healthcare. Smoking does not disqualify you from employment)

Do you have any life-threatening allergies?  No  Yes If so, reaction and emergency contact REACTION



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EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

<b>MILITARY BACKGROUND</b>			
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> No <input type="checkbox"/> Yes            ARE YOU NOW A MEMBER in the ARMED FORCES? <input type="checkbox"/> No <input type="checkbox"/> Yes			
BRANCH _____	DATE ENTERED _____	DISCHARGE DATE _____	
DD / MMM / YYYY		DD / MMM / YYYY	

**Work Experience** Please list ALL your RELEVANT work experience for the 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	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			

May we contact your present/most current employer?  No  Yes

Did you complete this application yourself  No  Yes If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation  No  Yes



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### PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications. By signing this application you also agree your picture to be used in our marketing materials.

Photo Release Authorization  No  Yes

Thank you for completing this application form and for your interest in our business.

**Applicant Signature**

**Print**

**Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD / MMM / YYYY

### REFERENCES (PROFESSIONAL) – Provide 3 at least

NAME	RELATIONSHIP	CONTACT INFO (PHONE/EMAIL)

**LINKEDIN** \_\_\_\_\_

**FACEBOOK** \_\_\_\_\_

**TWITTER** \_\_\_\_\_



COMPETENCY - ESSENTIAL FUNCTIONS OF THE JOB

- SHOULD THE ASSIGNMENT REQUIRE COMMUTE, WILL YOU BE WILLING?  No  Yes
- DO YOU HAVE RELIABLE TRANSPORTATION TO PROVIDE THE SERVICES?  No  Yes
- DO YOU REQUIRE SPECIAL ACCOMMODATION OR HAVE A DISABILITY?  No  Yes
- HAVE YOU EVER APPLIED AND/OR OBTAIN UNEMPLOYMENT BENEFITS?  No  Yes
- ARE YOU CURRENTLY REGISTERED IN THE UNEMPLOYMENT AGENCY?  No  Yes
- ARE YOU CURRENTLY RECEIVING UNEMPLOYMENT BENEFITS?  No  Yes
- HAVE YOU EVER BEEN FIRED/ TERMINATED FROM A JOB?  No  Yes
- DO YOU HAVE EXPERIENCE WORKING IN A MEDICAL SETTING?  No  Yes
- ARE YOU FLUENT IN THE TARGET LANGUAGE FOR THIS APPLICATION?  No  Yes
- HAVE YOU TRAINED IN CERTIFIED MEDICAL INTERPRETING?  No  Yes
- ARE YOU WILLING AND ABLE TO OBTAIN A TRAINING (WITHIN 6 MONTHS)  No  Yes
- DO YOU HAVE A CERTIFIED MEDICAL INTERPRETER LICENSE?  No  Yes
- HAVE YOU TRAINED IN CERTIFIED MEDICAL INTERPRETING?  No  Yes
- CAN YOU INTERPRET SIMULTANEOUSLY?  No  Yes
- CAN YOU INTERPRET CONSECUTIVELY?  No  Yes
- CAN YOU SIGHT-TRANSLATE?  No  Yes
- CAN YOU TRANSLATE?  No  Yes
- HAVE YOU HAD EXPERIENCE TRANSLATING?  No  Yes
- HAVE YOU HAD EXPERIENCE INTERPRETING?  No  Yes
- HAVE YOU HAD EXPERIENCE TEACHING/TRAINING?  No  Yes

WHY ARE YOU APPLYING FOR THIS POSITION?

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WHAT ARE YOUR CAREER GOALS?

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