

APPLICATION FOR EMPLOYMENT

This practice does not discriminate against applicants on the basis of race, sex, color, religion, national origin, age, disability, or veteran status. We are an Equal Opportunity Employer.

PERSONAL INFORMATION

Today's Date: _____

Name: _____

Social Security No.: _____ Telephone: _____

Address: _____

Cell: _____ E-mail: _____

Are you at least 18 years of age? _____ Are you eligible to work in the U.S.? _____

Have you served in the military? _____ Reserves? _____ Branch? _____

Have you previously worked at this practice, or an affiliate? _____

POSITION INFORMATION

Title of position: _____ Salary Desired: _____

How did you hear about this position? _____

Date available for work: _____

Type of work desired (i.e., full time, part time, etc.): _____

List special skills, CE coursework, and experience related to this position: _____

EDUCATION

High School: _____ Graduation Date: _____

Business/Technical: _____ Date: _____ Degree: _____

College: _____ Date: _____ Degree: _____

Graduate School: _____ Date: _____ Degree: _____

Additional Skills and Training _____

WORK HISTORY (Use additional sheets if necessary.)

Company Name: _____ Address/Phone: _____

Dates: _____ Position: _____

Supervisor: _____ Pay rate: _____

Duties: _____ Reason for leaving: _____

Company Name: _____ Address/Phone: _____

Dates: _____ Position: _____

Supervisor: _____ Pay rate: _____

Duties: _____ Reason for leaving: _____

Company Name: _____ Address/Phone: _____
Dates: _____ Position: _____
Supervisor: _____ Pay rate: _____
Duties: _____ Reason for leaving: _____

REFERENCES (Please list three.)

Name: _____ Years Acquainted: _____
Address: _____ Telephone: _____

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Address: _____ Telephone: _____

PERSONAL

Have you ever been convicted of a felony or criminal offense, including driving under the influence of alcohol or drugs, but excluding minor traffic violations and parking tickets? Applicants are not obligated to disclose sealed or expunged records of conviction or arrest. *A conviction record will not necessarily bar you from employment. Each application will be individually considered on its merits.

If yes, please explain: _____

EMERGENCY I NFORMATION

In case of emergency, notify: _____
Address: _____ Telephone: _____

APPLICANT'S STATEMENT (Please read and sign below.)

I understand that this employment application and any other Practice documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring.* I understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, at any time, and the Practice has a similar right.

I grant permission to the Practice or its duly authorized representatives to contact any persons, companies, schools, or healthcare providers named or referred to in the application (other than my present employer) and I hereby authorize those persons, companies, schools, and healthcare providers to provide my record, reasons for leaving, and all other information they have concerning me to the Practice. I further release all such parties and the Practice from any and all liability claims for damage whatsoever that may result from such contact or information.

The information given by me in this application is true and complete, and I agree that, if the information is found to be false or misleading, I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

Signature of applicant: _____ Date: _____