

## 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.

### APPLICANT INFORMATION

Name:		
Today's Date:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
E-Mail:		
Have you previously worked at this practice, or an affiliate?		
Are you at least 18 years of age?		Are you eligible to work in the US?
Have you served in the military?	Reserves?	Branch?

### POSITION INFORMATION

Title of position:	Salary Desired:
How did you hear about this position?	
Date available to work:	
Type of work desired (i.e., full time, part time, ect.):	
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

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

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Address/Phone:	
Supervisor:	Pay rate:
Duties:	
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### REFERENCES (PLEASE LIST THREE)

Name	Address	Years Acquainted	Telephone
1.			
2.			
3.			

### 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 violation 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:

### 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, reason 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 the application is true and complete, and I agree that if the information is found to be false or misleading, that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.**

Signature of applicant:

Date: