

# Application for Employment

Conditions of employment are stated at the end of this form.  
Please read carefully before you sign this application.  
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

PERSONAL			
PLEASE PRINT USING BALLPOINT PEN			
FULL NAME	FIRST MIDDLE LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET CITY STATE ZIP	HOW LONG	MESSAGE TELEPHONE #
IF NO PHONE, HOW MAY WE CONTACT YOU?			
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE PRACTICE OR ITS DIVISIONS? [ ] YES [ ] NO IF YES, NAME OF RELATIVE:			
HAVE YOU EVER WORKED FOR THE PRACTICE OR ITS DIVISIONS BEFORE? [ ] YES [ ] NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HAVE YOU EVER APPLIED FOR THE PRACTICE OR ITS DIVISIONS BEFORE? [ ] YES [ ] NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HOW WERE YOU REFERRED:			

GENERAL INFORMATION	
IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? [ ] YES [ ] NO
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [ ] YES [ ] NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? [ ] YES [ ] NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? [ ] YES [ ] NO IF YES, PLEASE EXPLAIN:	
<b>PLEASE CHECK SCHEDULE AVAILABILITY:</b> [ ] I am available and desire to work FULL-TIME (35 hours) and do not have restrictions on my hours and days. (Complete Section B.) [ ] I am available and desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B). A. I am only available for PART-TIME because:	

Student  Other Job  Other (explain) \_\_\_\_\_

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

**NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.**

WAGE EXPECTED	DATE AVAILABLE FOR WORK?
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**EMPLOYMENT HISTORY**

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

<b>1</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>2</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>3</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>4</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS
List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION
Consistent attendance and punctuality are essential requirements of every job with this Practice. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the Practice? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain _____ _____ _____

PERSONAL OR BUSINESS REFERENCES		
<b>1</b>	NAME	OCCUPATION BUSINESS PHONE ( )
HOME ADDRESS HOME PHONE ( )		TITLE RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN
<b>2</b>	NAME	OCCUPATION BUSINESS PHONE ( )
HOME ADDRESS HOME PHONE ( )		TITLE RELATIONSHIP

CITY AND STATE (ZIP)

HOW LONG KNOWN

**NOTIFICATION AND AGREEMENT**

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Practice to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Practice rules and regulation, and understand that, if employed, my employment is at-will and may be terminated with or without cause, and with or without notice, at any time, at the option of either the Practice or me, I further understand that no representation, whether oral or written by any representative or agent of the Practice, at any time, can constitute a contract of employment. I understand that the Practice and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Practice, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Owner of the practice, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_