

## Application for Employment

Conditions for 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: \_\_\_\_\_  
Last First M. Social Security Number

PRESENT ADDRESS: \_\_\_\_\_  
Street City State Zip How Long Home Telephone#

PREVIOUS ADDRESS: \_\_\_\_\_  
Street City State Zip How Long Message Telephone#

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

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 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: \_\_\_\_\_

\_\_\_\_\_

ARE YOU CURRENTLY EXCLUDED FROM MEDICARE, MEDICAID, OR OTHER FEDERAL HEALTHCARE PROGRAMS?

Yes  No

WAGE DESIRED: \_\_\_\_\_ DATE AVAILABLE FOR WORK? \_\_\_\_\_

## EMPLOYMENT HISTORY

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

<b>1 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? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>	

<b>2 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? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>	

<b>3 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? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>	

## EDUCATION

EDUCATION	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, certifications 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 this requirement if you are offered a job with the company?  Yes  No  
If yes, please explain:

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## PERSONAL OR BUSINESS REFERENCES

<b>1</b>	NAME	OCCUPATION
		BUSINESS PHONE ( )
	HOME ADDRESS	TITLE
	HOME PHONE	RELATIONSHIP
	CITY AND STATE (ZIP)	LENGTH OF RELATIONSHIP

## PERSONAL OR BUSINESS REFERENCES

<b>2</b>	NAME	OCCUPATION
		BUSINESS PHONE ( )
	HOME ADDRESS	TITLE
	HOME PHONE	RELATIONSHIP
	CITY AND STATE (ZIP)	LENGTH OF RELATIONSHIP