

Application for Employment

This practice is an Equal Opportunity Employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, national origin, ancestry, disability, or veteran status.

PERSONAL INFORMATION	
Date: _____	
Full Name: _____	Social Security No. : _____
Street Address: _____	
City, State, ZIP: _____	
Home Phone: () _____	Work Phone: () _____
Cell Phone: () _____	E-Mail: _____
List other name(s) under which you were employed: _____	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Only U.S. citizens and aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you require any special accommodation to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime or plead "guilty" to a criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify what the offense was, where and when it occurred: _____	
(Criminal convictions are not an absolute bar to employment and will only be considered in relation to job requirements.)	
Have you taken illegal drugs in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this practice before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If any relatives are employed by this practice, please list below:	
Name	Position / Location(s) Relationship
_____	_____
_____	_____

EMPLOYMENT INTEREST	
Position desired: _____	Salary desired: _____
Date available for employment: _____	Schedule desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Can you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work weekends if required? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION AND TRAINING					
School	Name and Location of School	Course of Study	Last Year Completed	Did You Graduate?	Grade Average
High					
Trade/Business					
College					
Other					
Other special training or skills:					

EMPLOYMENT HISTORY
(List below last three employers, starting with most recent first.)

This section must be completed even if you have attached a resume.
 May we contact the employers listed below: Yes No
 If no, indicate which: _____

Employer Name:		Employed (state Month and Year): From: To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work:		Reason for Leaving:
Supervisor's Name:		

Employer Name:		Employed (state Month and Year): From: To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work:		Reason for Leaving:
Supervisor's Name:		

Employer Name:		Employed (state Month and Year): From: To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work:		Reason for Leaving:
Supervisor's Name:		

Do you have any commitments to any of these employers that would limit your activities with this practice? Yes No
 If yes, please explain:

 Explain why you feel you are a good candidate for this position:

I certify that the answers given herein are true and complete and I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. Additionally, if employed, any misrepresentation or omission of facts, whenever discovered, is cause for immediate discharge without notice. I grant permission to use any information in this application to verify my statements, and I release all involved parties from any and all liability from the investigation and verification of this information.

Signature _____ Date _____