



**APPLICATION FOR EMPLOYMENT**

This practice is an Equal Opportunity Employer and will not discriminate in the hiring process based on 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: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

List other name(s) under which you were employed: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_ Yes \_\_\_ 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?

\_\_\_ Yes \_\_\_ No

Would you require any special accommodation to perform the job for which you are applying?

\_\_\_ Yes \_\_\_ No

Have you ever been convicted of a crime or plead "guilty" to a criminal charge? \_\_\_ Yes \_\_\_ 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? \_\_\_ Yes \_\_\_ No

Have you ever worked for this practice before? \_\_\_ Yes \_\_\_ 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: \_\_\_ Full Time \_\_\_ Part Time

Can you work overtime if required: \_\_\_ Yes \_\_\_ No Early Morning \_\_\_ Yes \_\_\_ No

Evenings \_\_\_ Yes \_\_\_ No

Can you work weekends if required ? \_\_\_ Yes \_\_\_ 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					

Bilingual \_\_\_ Yes \_\_\_ No

If yes, which languages can you speak? \_\_\_\_\_

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

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:

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I certify that the answers given herein are true and complete and I understand the 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 the 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 \_\_\_\_\_