

Employment Application

Name: _____ Date: _____
 Address: _____ How long at this address? _____
 City, State, and ZIP: _____
 Home Telephone: _____ Cell Phone: _____
 E-mail Address: _____ Social Security No.: _____

Prior Addresses for the Last Five Years (list in reverse order)	Dates of Residence (mm/yy)	
	From	To

EMPLOYMENT EXPERIENCE

Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names that indicate race, color, religion, sex, or national origin. We may contact the employers you list unless you inform us otherwise and provide a reason.

Employer 1 _____
 Address _____ City _____ State _____ Zip _____
 Telephone No. _____ Supervisor's Name _____
 Job Title _____ Reason for Leaving _____
 Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

Employer 2 _____
 Address _____ City _____ State _____ Zip _____
 Telephone No. _____ Supervisor's Name _____
 Job Title _____ Reason for Leaving _____
 Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

Employer 3 _____
 Address _____ City _____ State _____ Zip _____
 Telephone No. _____ Supervisor's Name _____
 Job Title _____ Reason for Leaving _____
 Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

EDUCATION

	Name and Location	No. of Years Attended	Graduation Year	Degree
High School				
College				
Graduate				
Other				

OTHER SPECIAL TRAINING OR SKILLS YOU POSSESS OR LANGUAGES YOU SPEAK AND/OR WRITE

Driver's License No.: _____ State: _____ Expiration: _____

Are you a veteran of the US military service? Yes No

Are you a citizen of the United States of America? Yes No

Do you have the legal right to permanently work in the United States? Yes No

Have you ever been convicted of a crime? Yes No

Have you applied here before? Yes No

When are you available to start work? _____

Are there any limitations on your travel or transfer to another office location? Yes No

What are your approximate salary requirements? _____

OFFICE SKILLS

REFERENCES

Name	Occupation	Address	Telephone Number

By signing this application, I certify that this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Furthermore, [insert practice name] or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. I understand this application is not intended to be a contract of employment. I have noted that [insert practice name] is an Equal Opportunity Employer and that ad applicants receive lawful consideration for employment without regard to race, religion, color, sex, age, national origin, disability, veteran status, marital status, or in the presence of a nonrelated medical condition or handicap. I realize that if I am hired, [insert practice name] reserves the right to terminate my employment whenever the need arises.

Signature

Date