



## Application for Employment

This practice does not discriminate against applicants on the basis of race, sex, color, religion, national origin, age, disability, or veteran status. We are an Equal Opportunity Employer.

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Are you at least 18 years of age? \_\_\_\_\_ Are you eligible to work in the U.S.? \_\_\_\_\_  
Have you served in the military? \_\_\_\_\_ Reserves? \_\_\_\_\_ Branch? \_\_\_\_\_  
Have you previously worked at this practice or an affiliate? \_\_\_\_\_

### POSITION INFORMATION

Title of position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
How did you hear about this position? \_\_\_\_\_  
Date available for work: \_\_\_\_\_  
Type of work desired (i.e., full time, part time, etc.): \_\_\_\_\_  
List special skills, CE coursework, and experience related to this position: \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Business/Technical School: \_\_\_\_\_ Date: \_\_\_\_\_ Degree: \_\_\_\_\_  
College: \_\_\_\_\_ Date: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduate  
School: \_\_\_\_\_ Date: \_\_\_\_\_ Degree: \_\_\_\_\_ Additional Skills and  
Training \_\_\_\_\_

### WORK HISTORY (Use additional sheets if necessary)

Company Name: \_\_\_\_\_ Address/Phone: \_\_\_\_\_  
Dates: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Pay rate: \_\_\_\_\_  
Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Dates: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Pay rate: \_\_\_\_\_  
Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Dates: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Pay rate: \_\_\_\_\_  
Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### REFERENCES (Please list three)

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PERSONAL**

Have you ever been convicted of a felony or criminal offense, including driving under the influence of alcohol or drugs, but excluding minor traffic violations and parking tickets? Applicants are not obligated to disclose sealed or expunged records of conviction or arrest. A conviction record will not necessarily bar you from employment. Each application will be individually considered on its merits.

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, notify: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**APPLICANT'S STATEMENT (Please read and sign below)**

**I understand that this employment application and any other Practice documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring. I understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, at any time, and the Practice has a similar right.**

**I grant permission to the Practice or its duly authorized representatives to contact any persons, companies, schools or healthcare providers named or referred to in the application (other than my present employer) and I hereby authorize those persons, companies, schools and healthcare providers to provide my record, reasons for leaving and all other information they have concerning me to the Practice. I further release all such parties and the Practice from any and all liability claims for damage whatsoever that may result from such contact or information.**

**The information given by me in this application is true and complete, and I agree that if the information is found to be false or misleading, that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_