APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except your signature on back of Application. All information given will be held in strict confidence.

"This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary to fill out a new application."

NAME (Print)_____ SOC. SEC. NO. _____
Last First Middle Initial

PRESENT ADDRESS _____ TEL. NO. _____
Street City State Zip Day Evening

Job applied for?_____ When are you available for employment? _____

I am seeking the following type of employment: Full-time _____ Part-time _____ Temporary or On-Call _____

RECORD OF EMPLOYMENT

(Circle any of these employers who should not be contacted at the present time.)

1. Name of Current / Most Recent Employer	Address	Telephone	Type of Business

Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From Mo. Yr.	To Mo. Yr.	Starting	Ending		

Describe the Work Performed:

2. Name of Next Previous Employer	Address	Telephone	Type of Business

Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From Mo. Yr.	To Mo. Yr.	Starting	Ending		

Describe the Work Performed:

3. Name of Next Previous Employer	Address	Telephone	Type of Business

Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From Mo. Yr.	To Mo. Yr.	Starting	Ending		

Describe the Work Performed:

4. Name of Next Previous Employer	Address	Telephone	Type of Business

Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From Mo. Yr.	To Mo. Yr.	Starting	Ending		

Describe the Work Performed:

5. Name of Next Previous Employer	Address	Telephone	Type of Business

Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From Mo. Yr.	To Mo. Yr.	Starting	Ending		

Describe the Work Performed:

Please account for periods of unemployment for two (2) weeks or more during the past seven (7) years.

Period: _____ **Explain:** _____

Period: _____ **Explain:** _____

Period: _____ **Explain:** _____

Have you ever been convicted of a felony? Yes _____ No _____ (A conviction will not necessarily disqualify an applicant)

If yes, please explain: _____

Are you over 18 years of age? Yes _____ No _____

Are you a citizen of the United States or do you have a valid work permit? Yes _____ No _____
(Federal Law requires proof of identity and employment authorization for all new employees)

Can you perform the essential functions of the position for which you are applying? Yes ____ No ____
(If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

EDUCATION

EDUCATION	(Circle last year completed.)	SCHOOL NAME	MAJOR SUBJECTS
Elementary	5 6 7 8	_____	_____
High School	1 2 3 4	_____	_____
College	1 2 3 4	_____	_____
Other (Business, Vocational, Military)		_____	_____

Have you completed any special courses, seminars, and/or training that would enable you to perform the position for which you are applying? If so, please list:

_____ _____

_____ _____

_____ _____

Please list any skills or other qualifications which you believe should be considered in evaluating your qualifications for employment:

_____

_____

_____

REFERENCES

Please provide four professional, work references (not including relatives)

Name	Address	Phone	Occupation

NOTIFICATION AND AGREEMENT

I certify that the answers given by me to the foregoing questions and statements are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the practice to afford equal opportunity to all employees and applicants for employment without regard to race, color, religion, age, sex (except where sex is a bonafide occupational qualification), sexual orientation, marital status, individuals with disabilities, and equally to disabled Veterans and Veterans of the Vietnam era, and any other characteristics protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the practice from any liability that might result from making an investigation.

If hired, I agree to abide by all of the practice rules and regulations and I understand that, if employed, my employment may be terminated at any time, at the option of either the practice or me. I further understand that no representation, whether oral or written by any representative or agent of the practice, at any time, can constitute a contract of employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. The practice is hereby authorized to release to any other firm or person with whom I may seek employment, any and all information concerning my employment.

Signature

Date