

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: _____ Email: _____

Home Phone: () _____ Work Phone: () _____

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 |
|-------|------------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you currently smoke tobacco? Yes No

EMPLOYMENT INTEREST

Position desired: _____ Salary desired: _____

Date available for employment: _____ Schedule desired: Full Time Part Time

Can you work overtime if required: 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 | | | | | |

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 _____