

# APPLICATION FOR EMPLOYMENT

<b>Center Staff Only</b>
Initials: _____
Date Received: _____

LAST NAME	FIRST	M.I.	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS	CITY	STATE	ZIP
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PHONE NUMBER	WORK PHONE	CELL PHONE/BEEPER	E-MAIL ADDRESS
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BEST # TO REACH YOU	BEST TIME TO REACH YOU	MAY WE CALL YOUR PRESENT EMPLOYER FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE	SALARY DESIRED	ARE YOU 18 YRS. OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES, DATE YOU APPLIED ____/____/____
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POSITION DESIRED	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (EVERY OTHER WEEKEND) <input type="checkbox"/> PRN (1 WEEKEND/MONTH) <input type="checkbox"/> FLEXIPOOL
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LOCATION(S) DESIRED	HOW DID YOU HEAR ABOUT PATIENT FIRST? <input type="checkbox"/> PATIENT FIRST WEB SITE <input type="checkbox"/> RADIO <input type="checkbox"/> INTERNET JOB SEARCH <input type="checkbox"/> JOBLINE <input type="checkbox"/> OTHER _____
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NAME & LOCATION OF EDUCATIONAL INSTITUTIONS ATTENDED	GRADUATED	YRS COMPLETED	DATE	COURSE OF STUDY / MAJOR / DEGREE
HIGH SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	
COLLEGE / UNIVERSITY	<input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO			

LIST ANY PROFESSIONAL DESIGNATIONS AND CERTIFICATIONS HELD	YRS OF JOB RELATED EXP.
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LIST ANY LICENSES OR REGISTRATIONS HELD \_\_\_\_\_

**LIST BELOW YOUR LAST FIVE EMPLOYERS, STARTING WITH THE MOST RECENT**

DATE		NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	/ /		\$		
TO	/ /				
FROM	/ /		\$		
TO	/ /				
FROM	/ /		\$		
TO	/ /				
FROM	/ /		\$		
TO	/ /				
FROM	/ /		\$		
TO	/ /				

MILITARY SKILLS AND/OR ADDITIONAL JOB RELATED SKILLS AND OTHER QUALIFICATIONS: \_\_\_\_\_

CURRENT MEMBERSHIP IN GUARD / RESERVES?  NO  YES

U.S. MILITARY SERVICE?  NO  YES, DESCRIBE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?  NO  YES, DESCRIBE \_\_\_\_\_

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR HR USE ONLY: APPLICATION # _____
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