



APPLICATION FOR EMPLOYMENT

Date: _____

| | |
|--|---|
| Name: _____ | Phone: _____ |
| Present Address: _____ | Social Security #: _____ |
| Email: _____ | |
| Are you a U.S. Citizen? _____ If not, are you authorized to work in the U.S.? _____ | |
| Position Desired: _____ | Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When can you start? _____ | Salary Desired: _____ |
| Circle the days of the week you will NOT be available to work: Mon Tue Wed Thu Fri Sat Sun | |
| FORMER EMPLOYMENT: List all previous employers starting with the most recent. | |
| Employer: _____ From _____ To _____ | |
| Address: _____ Phone: _____ | |
| Position Held: _____ Salary: _____ Supervisor's | |
| Name/Title: _____ | |
| Reason for Leaving: _____ | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Employer: _____ From _____ To _____ | |
| Address: _____ Phone: _____ | |
| Position Held: _____ Salary: _____ Supervisor's | |
| Name/Title: _____ | |
| Reason for Leaving: _____ | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Employer: _____ From _____ To _____ | |
| Address: _____ Phone: _____ | |
| Position Held: _____ Salary: _____ Supervisor's | |
| Name/Title: _____ | |
| Reason for Leaving: _____ | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Employer: _____ From _____ To _____
 Address: _____ Phone: _____
 Position Held: _____ Salary: _____ Supervisor's
 Name/Title: _____
 Reason for Leaving: _____
 May we contact this employer? Yes No

EDUCATION:

| | Name of School | Graduated | # of Years | Course/Major |
|------------------------------------|----------------|-----------|------------|--------------|
| High School | | Y / N | | |
| College | | Y / N | | |
| Post Graduate | | Y / N | | |
| Special Course/Training | | Y / N | | |
| Additional Special Course/Training | | Y / N | | |
| | | | | |

REFERENCES:

1) Name: _____ Address: _____
 Business: _____ Years Acquainted: _____ Phone: _____

2) Name: _____ Address: _____
 Business: _____ Years Acquainted: _____ Phone: _____

3) Name: _____ Address: _____
 Business: _____ Years Acquainted: _____ Phone: _____

What, if any, experience do you have with this job?

Do you have any physical limitations that would preclude you from working?

Explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer’s discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with the practice is not for a specified term and can be terminated “At Will”, with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the “At-Will” nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the “At-Will” nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record, social networking sites and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

Print _____