APPLICATION FOR EMPLOYMENT

Failure to complete all sections of this application may disqualify an applicant from consideration. This application will remain on file for one year and active for one month. Applicants are considered on the basis of qualifications without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, genetic status, or sexual orientation.

Referred By:_____

PERSONAL INFORMATION

Date: _____ Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Contact Number_____ Are you 18 years old or older? ☐ Yes ☐ No

Email Address _____ Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

Are you able to perform the job's essential functions for which you are applying, with or without reasonable accommodation?

☐Yes ☐ No

EMPLOYMENT DESIRED

Position:_____Date you can start: _____

Salary desired: _____ Check any or all that apply: ☐ Full-time ☐ Part-time

Are you currently employed? ☐ Yes ☐ No May we inquire of your present employer? ☐ Yes ☐ No

EDUCATION, EXPERIENCE, AND SKILLS:

Highest grade completed in High School: _____ Diploma: ☐ Yes ☐ No GED: ☐ Yes ☐ No

Name of High School _____ City/State _____

Number of years attended at Trade School: _____ Junior College: _____ College: _____ Other _____

College(s) and City/States _____ Degree Received:_____

List professional, trade, business, or civil activities and any offices held (you may exclude organizations that would indicate the race, sex, age, marital status, color, national origin, or the ability of its members.)

_____

Other Professional Skills: _____

Have you ever been terminated or asked to resign by an employer? If yes, explain. ☐ Yes ☐ No

_____

Have you ever been convicted of a felony? ☐ Yes ☐ No (a conviction record will not necessarily be a bar to employment). If yes, what was the nature of the offense, when, where, and the outcome?

_____

FORMER EMPLOYERS - List below the last three employers, starting with the most recent. Incomplete information could disqualify you from further consideration.

Start/End Date:	Employer Name:	Phone:
Job Title:	City/State:	
Duties:		
Reason for leaving:		
Start/End Date:	Employer Name:	Phone:
Job Title:	City/State:	
Duties:		
Reason for leaving:		
Start/End Date:	Employer Name:	Phone:
Job Title:	City/State:	
Duties:		
Reason for leaving:		

REFERENCES: List **three people not related to you whom you have known for at least one year.**

NAME	PHONE #	BUSINESS	YEARS
1.			
2.			
3.			

Please read carefully before signing.

Elberta Clinic is an equal-opportunity employer. Elberta Clinic does not discriminate in employment based on race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Elberta Clinic to hire me. If I am hired, I understand that either Elberta Clinic or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Elberta Clinic has the authority to make any assurance to the contrary.

I attest with my signature below that I gave Elberta Clinic accurate and complete information on this application. No requested information has been concealed. I authorize Elberta Clinic to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

_____ _____

Signature of Applicant Date