



EMPLOYMENT APPLICATION

Application Information

Date: _____

Full Name: _____ Maiden Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Position Applied for: _____

Date Available: _____ Desired Salary: \$ _____

Social Security No: _____ Date of Birth: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the US? Yes No

Have you ever worked for this company? Yes No If so, when? _____

Have you ever plead guilty, nolo contendere or received deferred Adjudication for a felony, Misdemeanor Class A or a Class B. If so, please explain and what was the outcome:

Education (High School, College/University/Business/Technical Additional)

School Name	Location	Years Attended	Degrees Received	Major

References (Please list three professional references)

Name	Title	Company	Phone

Employment (List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers)

Company: _____ Phone (_____) _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? _____ Yes _____ No

Company: _____ Phone (_____) _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? _____ Yes _____ No

Company: _____ Phone (_____) _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? _____ Yes _____ No

Military Services

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I hereby authorize the Franklin Clinic to conduct a background check on me. I understand that this check will cover information including, but not limited to, criminal history, education and employment. I hereby release Franklin Clinic and its owners, employees, agents, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to Franklin Clinic.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____