

APPLICATION FOR EMPLOYMENT



Candidate Information

Name: _____ Application Date: _____
 Address: _____ Phone Number: _____
 Name and position employed by the practice: _____
 Are you at least 18 years of age? _____
 If hired, can you provide proof of eligibility to work in the United States? _____

Position/Availability

Position Title: _____ Salary Desired: _____
 How did you hear about this position? _____
 Can you work overtime if required? _____
 Are you currently employed? _____
 Availability:

	Mon	Tues	Wed	Thurs	Fri	Sat
	Full time		Part time	Temporary		

Date available to start: _____

Education

School Name	City, State	Course of Study	Degree/Diploma

Please list any other experience, training, certificates or qualifications:

Professional License

Type of License	License Number	State	Is license current ?

Employment

List all present and past payment, starting with your most recent employer. You Must complete this section even if you're attaching this resume.

Name of employer:	Telephone:
Address:	Job Title:
Worked performed:	Dates Employed:
Supervisor name and title:	
Reason for leaving:	May we contact this employer?
	yes no

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Address:	Job Title:
Worked performed:	Dates Employed:
Supervisor name and title:	
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Address:	Job Title:
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Supervisor name and title:	
Reason for leaving:	May we contact this employer?
	yes no



References

List three individuals (unrelated to you) who have knowledge of your work/ academic background.

Name	Position/Company	Telephone Number	Number of Years Acquainted
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I hereby certify under penalty of perjury that the forgoing statements are true and correct. I understand that any misstatement or omission of the facts is grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment can be terminated with or without cause, or specific nature , at any time, at the option of either party. I authorize investigation of all statements contained in this application for employment or disclosed during the course of any interview, and i release from liability any person or entity that provides information pursuant to this authorization.

Print Name	Signature of Applicant	Date
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We are an equal opportunity employer.