



Employment Application

Our Practice is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
_____ Last _____ First _____ Middle _____
Address _____
_____ Number & Street _____ City _____ State _____ Zip _____
Code _____
Position Sought _____ Full Time _____ Part Time _____
Date Available _____ Salary Desired _____ Phone Number _____

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Years Completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No **G.E.D.:** ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held

State License Number

License Expiration Date

Other Professional Memberships

SKILLS:

Office: Data Entry/ Excel or

Typewriter wpm. Lotus 1,2,3 CRT Billing
Software

WordPerfect MS Word Excel Access

Other Software Skills

RECORD OF CONVICTION:

During the last ten years, have you ever been convicted of a crime other than a traffic offense?

Yes No

If yes, explain:

(A conviction will not necessarily automatically disqualify you for employment.)

EMPLOYMENT:

May we contact your present employer? ___ Yes ___ No

If any employment was under a different name, please indicate name:

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

EMPLOYMENT:

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

EMPLOYMENT:

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

EMPLOYMENT:

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

REFERENCES:

Professional 1

Name _____

Address _____

Telephone (_____) _____

Professional 2

Name _____

Address _____

Telephone (_____) _____

Personal 1

Name _____

Address _____

Telephone (_____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the practice to verify their accuracy and to obtain reference information on my work performance. I hereby release the practice from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the practice. However, I further understand that neither policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.