# Application for Employment

## **Candidate Information**

Name:	Application date:	
Address:	Phone number:	
Name and position of any relatives employed by the practice:		
Are you at least 18 years of age? □ Yes □ No		
If hired, can you provide proof of eligibility to work in the United States?	□ Yes □ No	
Position/Availability		
Position title:	Salary desired:	
How did you hear about this position?:		
Availability: □ Mon □ Tues □ Wed □ Thurs □ Fri Sat	$\square$ Full time $\square$ Part time $\square$ Temporary	
Can you work overtime, if required? ☐ Yes ☐ No		
Can you travel, if required? ☐ Yes ☐ No		
Are you currently employed? □ Yes □ No	Date available to start:	
Education		

	School Name	City, State	Coure of Study	Degree/Diploma
High School				
College/University				
Technical/Trade School				

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 employment, starting with your most recent employer. You must complete this section even if attaching a résumé.

Name of employer	Address	Telephone	Job Title	Dates employed
Work performed	Supervisor name and title	May we contact this employer (y/n)?	Reason for leavi	ng
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Name	Position and company	Telephone number	Number of years acquainted
misstatement or c employed, regar or conveyed duri employment cont employment can authorize investig	nder penalty of perjury that the foregomission of the facts is grounds for redless of the time elapsed before discoing any interview which may be grant tract between me and the practice. It is be terminated with or without cause, gation of all statements contained in the discount of th	ection of this application or for overy. I understand that nothing ted or during my employment, understand that if hired, my em or specific nature, at any time his application for employment	r immediate discharge if I am gontained in the application, if hired, is intended to create an ployment is "at-will." "At-will", at the option of either party. It or disclosed during the course of
Print name	Sign	ature of applicant	Date

We are an equal opportunity employer