

**Employment Application**  
 (Non-smoking applicants only)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Initial Last Application good for 60 days from above date

Position Applied For: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number(s): \_\_\_\_\_

Social Security Number (voluntary): \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_Yes \_\_\_No

Have you ever filed an application with us before? \_\_\_Yes \_\_\_No  
 If yes, give date: \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? \_\_\_Yes \_\_\_No

If currently employed, may we contact your present employer? \_\_\_Yes \_\_\_No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_Yes \_\_\_No  
*(Proof of citizenship or immigration status will be required upon employment; we participate in E-Verify/nosotros participamos en E-Verify)*

Have you ever been convicted of a crime other than a traffic violation?  
 \_\_\_Yes \_\_\_No *(Please note: A conviction of crime is not an automatic bar to employment; all circumstances will be considered. Background checks will be completed upon employment.)*

Have you ever been involved in an adverse action with Medicare? \_\_\_Yes \_\_\_No

What is your desired salary range? \_\_\_\_\_

<b>EDUCATION:</b>	<u>Name &amp; Location</u>	<u># Years Completed</u>	<u>Degree Earned</u>
High School	_____	_____	_____
Undergraduate College	_____	_____	_____
Graduate School	_____	_____	_____
Other	_____	_____	_____

**EMPLOYMENT HISTORY:** (you must list all employers using a separate sheet as necessary)

**Employer:** \_\_\_\_\_ F/T \_\_\_ P/T \_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Wage / Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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**Employer:** \_\_\_\_\_ F/T \_\_\_ P/T \_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Wage / Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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**Employer:** \_\_\_\_\_ F/T \_\_\_ P/T \_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Wage / Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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**Employer:** \_\_\_\_\_ F/T \_\_\_ P/T \_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Wage / Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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**JOB SKILLS / QUALIFICATIONS:** (Summarize special job-related skills and qualifications acquired from employment or other experience.)

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**COMPUTER KNOWLEDGE / EXPERIENCE:** (Please indicate which types of computer applications you are familiar with and list specific software programs you have used.)

_____	Word Processing	_____
_____	Spreadsheets	_____
_____	Databases	_____
_____	E-Mail	_____
_____	Desktop Publishing	_____
_____	Other	_____

**ADDITIONAL INFORMATION:** (Please state any additional information you feel may be helpful to us in considering your application.)

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Note to applicant: Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_Yes \_\_\_\_\_No

**PROFESSIONAL REFERENCES:**

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_



**APPLICANT'S STATEMENT:**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active only for the position applied and not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

In consideration of the Clinic's review of my employment application, I authorize any prior employer of mine to release to the Clinic all information and records retained by any of my former employers regarding my prior employment. I understand that such information may include information about my skills, abilities, work performance, character, attitude and behavior.

I agree to waive any claim of action relating to the release of such employment information or records and agree to indemnify and hold its officers, directors, employees and agents harmless from any and all actions related to the release of such information or records and from any claims or losses arising from such release.

It is my intention that any copy of this authorization be effective as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date