



## EDUCATION HISTORY

Last High School Attended	Location	Last Grade Completed		
College, Trade School or Special Training				
Name of School	Location	Dates Attended	Degree/Certificate	Major

## CERTIFICATES OR LICENSES

Type of Certificate / License			
License#			
Date Earned			
State Issued			

Are all certifications current?  Yes  No

Post-graduate seminars taken in last 2 years: \_\_\_\_\_

Do you have any physical condition which could (1) limit your ability to perform the job applied for, or (2) be aggravated by the job you have applied for?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you taking medication at the present time that could limit your ability to perform the job applied for?  Yes  No

Physician's name \_\_\_\_\_ Telephone \_\_\_\_\_

How much work have you lost because of your illness the last 2 years? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No (A conviction record will not necessarily be a bar for employment)

If yes, please explain: \_\_\_\_\_

Check time(s) willing to work:

Days  Evenings  Full time  Part time  # of days per week  Hours per week

Circle days of week you will not be available to work:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Can your future vacations be rearranged at office convenience?

Yes  No (please explain)

Fringe benefit requirements: \_\_\_\_\_

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### EMPLOYMENT HISTORY

List present or most recent position first. Cover last 7 years, including periods of self-employment or unemployment. Fill in ALL information-**DO NOT SUBSITUTE WITH RESUME.**

May we contact your present employer?  Yes  No

Name of employer:		Supervisor's name	Title
Address:		Phone #	Your last name at time of employment
Position:	Describe Major Duties:		
From:	To:	Salary or wages: Beginning \$ _____ Final \$ _____	
Specific reason for leaving:			

Name of employer:		Supervisor's name	Title
Address:		Phone #	Your last name at time of employment
Position:	Describe Major Duties:		
From:	To:	Salary or wages: Beginning \$ _____ Final \$ _____	
Specific reason for leaving:			

Name of employer:		Supervisor's name	Title
Address:		Phone #	Your last name at time of employment
Position:	Describe Major Duties:		
From:	To:	Salary or wages: Beginning \$ _____ Final \$ _____	
Specific reason for leaving:			

### CHARACTER REFERENCES

Other than relatives and past employers:

1. Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **General Agreement**

I understand that any misrepresentation, falsification or material omission of information on the application may result in my failure to receive and offer or, if I am hired, my dismissal from employment. I understand that all offers of employment are conditioned on my legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time in its discretion.

## **Authorization to check references**

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked unless I have indicated to the contrary. I authorize the references listed above as well as all other individuals who you may contact provide and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and person from any and all liability for any damages that may result from furnishing such information as well as from the use of disclosure of such information by the employer or any of its agents, employees or representatives.

## **At-will employment relationship**

I agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the employer. I understand that no employee or representative or the practice, other than its owner, has the authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Further, the owner of the practice may not alter the at-will nature of the employment unless it is done specifically and in writing that is signed.

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Applicant signature

Date

## **Please complete the following information in your own handwriting. Do not type.**

1. Describe the responsibilities on your present or last job. (Please give a detailed response to this and the following questions).

2. What factors would contribute to your sense of satisfaction on a job?

3. What aspects of working with people do you find enjoyable, and what, if any, do you find less enjoyable?

4. What specific aspects of your education or experience do you consider to be beneficial to this position?