

Application for Employment

Name _____ Date _____

Street Address _____

City/State/Zip _____

Telephone _____ Mobile _____

Social Security # _____ Referred By _____

Are you related to anyone in our
employ? _____

Employment Desired:

Position _____ Date Available _____ Salary Desired _____

Current Employment:

Are you currently employed? Yes No

If yes, may be contact your present employer? Yes No

If yes, name and telephone number of current employer

Education:

	Name & Location of School	Graduated	Subjects Studied
High School			
College			
Trade or Other School			

Former Employers: (Please list starting with the most recent.)

Date (Month & Year)	Name and Telephone Number of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References: Please list three people, not related to you, whom you have known for at least one yr.

Name	Address & Phone	Business	Years Known

In case of emergency notify:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I FURTHER UNDERSTAND THAT I HAVE NO CONTRACT, WRITTEN OR IMPLIED, PROMISING FUTURE EMPLOYMENT.

I HEREBY ACKNOWLEDGE THAT I AM ON PROBATION FOR 90 DAYS FROM THE DATE OF MY HIRING AND THAT DURING THIS TIME I CAN BE TERMINATED WITHOUT SEVERANCE PAY OR ANY EXPLANATION AS TO THE REASON FOR MY TERMINATION. I HAVE ACCEPTED THE TERMS OF THIS PROBATIONARY ARRANGEMENT OF MY OWN FREE WILL AND CHOICE. I ALSO UNDERSTAND THAT THERE IS NO CONTRACT GUARANTEEING MY FUTURE EMPLOYMENT OR BENEFIT, EITHER WRITTEN OR IMPLIED. I HEREBY AGREE TO FOLLOW ALL CLINIC POLICIES, BOTH THOSE IN EXISTENCE AND THOSE THAT WILL BE ADDED IN THE FUTURE. I REALIZE THAT FAILURE TO FOLLOW CLINIC POLICY MAY RESULT IN MY IMMEDIATE DISMISSAL WITHOUT RECOURSE OR SEVERANCE PAY.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ **DATE** _____

REMARKS:

HIRED? YES NO

POSITION _____ **WAGES** _____

Application for Employment: Essay Questions

Name _____ Date _____

Why do you want or need this position?

What special skills or attributes would you bring to this position?

How will this position fit into your future plans?
