



Employment Application

Today's Date: _____ / _____ / _____

Personal Information

First Name:		Last Name:		MI:	
Address:		City:	State:	Zip:	
Home Phone:		Email address:			
Cell Phone:					
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Position

Position you are applying for:	Available start date:	Desired pay
Availability: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		

Geographical Preference:

(1) _____ (2) _____ (3) _____

Education

High School	Location	Years attended	Did you graduate	Degree
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:	Location	Years attended	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

Languages you speak fluently:

(1) _____ (2) _____ (3) _____

Are you fluent in medical terminology?: Yes No

Certifications: Type: _____ License#: _____ Exp Date: _____

Type: _____ License#: _____ Exp Date: _____

List any additional education, skills, experience or other relevant qualifications:



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References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title:		Dates employed:
Work phone:	Starting pay rate:		Ending pay rate:
Address:	City:	State:	Zip:
Employer (2)	Job title:		Dates employed:
Work phone:	Starting pay rate:		Ending pay rate:
Address:	City:	State:	Zip:
Employer (3)	Job title:		Dates employed:
Work phone:	Starting pay rate:		Ending pay rate:
Address:	City:	State:	Zip:

Signature Disclaimer

I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that false or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I understand that this application, verbal statement by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the President/or designee, of the company has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the President/or designee, and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature consent to these statements.

Name: (please print)

Signature:

Date:

We are an Equal Opportunity Employer and committed to excellence through diversity. Please complete each section, even if you attach a resume.

Administrative Use Only Beyond this Point

Application Received Date: ____/____/____ Interview Date: ____/____/____ Hire Date: ____/____/____

Position: _____ Orientation Date: ____/____/____ Background Check Date: ____/____/____ Drug Screen: _____

Hired: Yes No If no, why? _____