

Physicians & Surgeons Clinic
APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Name:		Date:
	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Phone NO.		
Referred By:	Citizen of U.S. _____Yes_____No	

EMPLOYMENT DESIRE

POSITION DESIRED:	DATE YOU CAN START:	SALARY DESIRED:
EVER APPLIED TO THIS COMPANY BEFORE?		

FORMER EMPLOYERS INFORMATION

(LIST BELOW LAST THREE EMPLOYERS STARTING WITH THE CURRENT EMPLOYER FIRST)

ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
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Current employer:

Employer address:		Employment Dates:
Phone:	Immediate Supervisor:	
City:	State:	ZIP Code:
Position:	Current Hourly Rate: \$	

Previous employer:

Address:		
Phone:	Immediate Supervisor:	Employment Dates:
City:	State:	ZIP Code:
Position:	Current Hourly Rate: \$	

Reason For Leaving:

Previous employer:

Address:		
Phone:	Immediate Supervisor:	Employment Dates:
City:	State:	ZIP Code:
Position:	Current Hourly Rate: \$	

Reason For Leaving:

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REFERENCES

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHO YOU HAVE KNOWN ATLEAST ONE YEAR)

NAME	PHONE NUMBER	BUSINESS	YEARS AQUAINTED
1.			
2.			
3.			

EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	DATE GRADUATED AND YEARS ATTENDED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

WHAT FOREIGN LANGUAGES DO YOU SPEAK, READ OR WRITE FLUENTLY:

US MILITARY OR PRESENT MEMBERSHIP IN
 NAVAL SERVICES: RANK: NATIONAL GUARD OR RESERVES:

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED? GIVE DETAILS

HAVE YOU ANY DEFECTS IN HEARING? VISION? SPEECH?

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE NO.

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.

Signature of applicant

Date

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application.