



**GENERAL INFORMATION**

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a "reasonable" accommodation? (If no, please explain)	[ ] Yes [ ] No
Are you available for flexible work hours when the practice is open?	[ ] Yes [ ] No
If applicable, do you have the required license(s) to perform the job?	[ ] Yes [ ] No
Have you completed all Hepatitis vaccination requirements?	[ ] Yes [ ] No
Can your vacations be arranged at practice convenience? (If no, please explain)	[ ] Yes [ ] No
Do you illegally use drugs?	[ ] Yes [ ] No
Have you ever been convicted of a crime other than a traffic violation? If yes, please attach explanation. (Note: A conviction does not necessarily bar employment)	[ ] Yes [ ] No
Is there anything that would keep you from working your scheduled shifts?	[ ] Yes [ ] No
Can you refrain from smoking during work hours?	[ ] Yes [ ] No
Are you available to travel to seminars?	[ ] Yes [ ] No
Do you have commitments at home or elsewhere that will take you away from work? (If yes, please explain)	[ ] Yes [ ] No
We like to maintain a positive atmosphere in our office. Can you come to work each day and park your troubles at the door?	[ ] Yes [ ] No [ ] Maybe
Would you rather work for a high salary and no bonus opportunity or a lower salary with unlimited bonus potential?	[ ] High Salary [ ] Lower Salary
Do you mind sharing your birth month and day, so that team member birthdays may be recognized and celebrated?	

Circle the days of the week you will **NOT** be available to work:

**SUN MON TUE WED THU FRI SAT**

Date available to start? \_\_\_\_\_

Please indicate your availability to work: [ ] Days [ ] Evenings \_\_\_\_\_ Days/wk \_\_\_\_\_ Hrs/wk Hours from \_\_\_\_\_ to \_\_\_\_\_

Salary Requirements: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/day \$ \_\_\_\_\_/month

Benefit Requirements: \_\_\_\_\_

**REFERENCES**

List three professional references

Name	Address	Daytime Phone #	# of Years Known	Relationship

**EMPLOYMENT / WORK EXPERIENCE**

List the last 7 years, including periods of self-employment or unemployment. Answer all questions here and throughout this employment application – **do not substitute with a resume.** List present or most recent position first. Attach additional pages if needed.

Name of employer:	Address (street, city, state, zip):	Phone:
Dates of employment (month and year):	Position(s) held:	Supervisors name and title:
Average # of hours worked per week:	Rate of pay (starting and ending):	Your last name at time of employment:
Describe your duties:		
Give a specific reason for leaving:		May we contact this employer: [ ] Yes [ ] No



Name of employer:	Address (street, city, state, zip):	Phone:
Dates of employment (month and year):	Position(s) held:	Supervisors name and title:
Average # of hours worked per week:	Rate of pay (starting and ending):	Your last name at time of employment:
Describe your duties:		
Give a specific reason for leaving:		May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of employer:	Address (street, city, state, zip):	Phone:
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Average # of hours worked per week:	Rate of pay (starting and ending):	Your last name at time of employment:
Describe your duties:		
Give a specific reason for leaving:		May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please write two paragraphs in your own handwriting (do not print) telling us what you feel are your good traits and how you could be an asset to this office. Also, tell us what you hope to gain from working here, including your long-term goals.**



**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**PLEASE READ THE FOLLOWING AND SIGN BELOW**

**GENERAL AGREEMENT**

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and regulations and standards of the practice, as amended from time to time and employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

**EMPLOYMENT RELATIONSHIP**

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than the owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Furthermore, the employer may not alter the "At Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

**AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING**

All offers of employment are conditioned upon the receipt of satisfactory responses to reference requests and background inquires and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record, and credit history. Further, I release all parties and persons from all liability for any damages that may result from 3/14/2012 to 2/24/2012 furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees, or representatives.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_