



Application for Employment

Personal Information			
Name (Last Name, First)		Social Security No.	
Present Street Address	City	State	Zip Code
Phone No.	Referred By		Age if Under 18

Employment Desired		
Position Desired	Date You Can Start	Salary Desired
Days/Hours Available to Work		
Desired Hours per Week	When can you work past 5:30pm?	Full or Part-time Work Desired

Education History			
High School	Address	Year	Major & Degree
College	Address	Year	Major & Degree
Business or Trade School	Address	Year	Major & Degree
Certifications, subjects of special study, research, work, or special training or skills			

Former Employers (Starting with the most recent)		
Name & Address	Phone No.	Employment Dates From: To:
	Name of Supervisor	Salary Start: Final:
Latest job title, duties performed, skills used or learned, and advancements or promotions.		
Reason for Leaving		May we contact your employer?

Name & Address	Phone No.	Employment Dates From: To:
	Name of Supervisor	Salary Start: Final:
Latest job title, duties performed, skills used or learned, and advancements or promotions.		
Reason for Leaving		May we contact your employer?

Name & Address	Phone No.	Employment Dates From: To:
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Latest job title, duties performed, skills used or learned, and advancements or promotions.		
Reason for Leaving		May we contact your employer?

Name & Address	Phone No.	Employment Dates From: To:
	Name of Supervisor	Salary Start: Final:
Latest job title, duties performed, skills used or learned, and advancements or promotions.		
Reason for Leaving		

Computer Skills (Check ALL that apply)				
MS Word or Similar	Elementary <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	
Excel or Similar	Elementary <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	
Windows XP	Elementary <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	
10 Key	Elementary <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	
Typing Speed	Elementary <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	_____ wpm
Medical software you used in your previous job.				

Foreign Language Skills
Please state and describe your foreign language skills, if any:

Professional References			
Name, Title	Company Name	Address	Phone No.
Name, Title	Company Name	Address	Phone No.
Name, Title	Company Name	Address	Phone No.

Have you ever been convicted of a crime? If yes, please explain.
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Authorization	
<p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information."</p>	
Signature _____	Date _____

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