

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

PERSONAL INFORMATION

Legal Name: First	Last		Middle		
Address: Street	City	State		Zip Code	
Home Telephone:		Other Telephone:			
Email:		Are you at least 18 years old?	Yes	No No	
Driver's License #:		State:			
Are you legally eligible for employment	in the United States?	Yes No			
United States Visa status, if applicable					
Have you been convicted of a felony:	Yes No				
If yes, please explain circumstances: —					
POSITION INFORMATION	r				
Position(s) applying for:		Salary desired: \$			
Employment Status desired: 🗌 Full	Time 🗌 Part Time	e Temporary			
What hours are you available?					
If hired, when could you start?					
How did you hear about this job?					

EMPLOYMENT HISTORY (Most recent first)

Dates of Employment (MM/YY)

1.) Job Title:	Employer:	From: To:
Starting Salary:	Ending Salary:	FT PT Temp
Duties:		
Employer's Address:		
Supervisor:	May We Contact: Yes N	o Phone:
Reason for Leaving:		
		Dates of Employment (MM/YY)
2.) Job Title:	Employer:	From: To:
Starting Salary:	Ending Salary:	FT PT Temp
Duties:		
Employer's Address:		
Supervisor:	May We Contact: Yes N	o Phone:
Reason for Leaving:		
		Dates of Employment (MM/YY)
3.) Job Title:	Employer:	From: To:
Starting Salary:	Ending Salary:	_ FT _ PT _ Temp
Duties:		
Employer's Address:		
Supervisor:		
Reason for Leaving:		

EDUCATION

Type of School	Name & Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College/ University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience:

SKILLS

Clerical/ Office Skills			
Computer Skills	PC	Mac	WPM
Languages			
Other special knowledge or skills			

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations, and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.



On a scale from 1-10 please choose what best describes you with 1 being poor and 10 being outstanding.

Negotiation Skills		Communication		Technology/Computer Skills	
Decision-Making		Medical Terminology	,	Working Independently	
Reliable		Ability to Multi-Task		Problem-Solving Skills	
Organized		Positive Attitude		Customer Service Skills	
Attendance		Self-Motivated		Maintains Confidentiality	
Assertive		Detail-Oriented		Adaptable to Change	
Flexible		Working as a Team		Time Management	
Ability to Follow Directions/Instructions					

Pre-interview Questionnaire

1. Tell us how your education and past job experience have prepared your for this position.

2. Have you ever had to interact with a physical or cognitive disability?

3. Tell us about a time you had to handle a negative situation in the work environment and were able to turn it into a positive.

4. What are your career goals? Where do you see yourself in the future?

5. What qualities are you looking for in your next employer?