

EMPLOYMENT APPLICATION – NAME OF PRACTICE

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I agree that any claim or lawsuit relating in any way to my service with the Practice must be filed no more than one hundred eighty (180) days after my separation from the Practice.

I waive any statute of limitations to the contrary. I hereby authorize you or anyone acting on your behalf to contact former employers to obtain information concerning my employment. I authorize my former employer to release any information about my employment, including pay, performance, and discipline, if any. I hereby release any former employer – and you, after my separation from the practice -- from liability for disclosing, in good faith, any information about me. I understand that this release of liability will be effective whether or not I am hired.

I further agree that the practice has in place an Alternative Dispute Resolution process. I understand that I will be provided a summary of that process, and I agree to be bound by the terms of that policy.

Signature _____

Date: