

**APPENDIX K
STAFF APPLICATION FORM**

This place of employment complies with all applicable state and federal laws governing employment opportunities. It does not discriminate in hiring or employment based on color, race, sex, age, religion, national origin, physical handicap, sexual orientation, or any other classifications that are irrelevant with consideration to position duties.

Desired Position: _____

PERSONAL INFORMATION

Name (Last Name First) _____

SS# _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone (If Possible) _____

Cell Phone _____ Email _____

Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of eligibility will be required prior to employment)

Have you ever been convicted of a felony? _____ Yes _____ No
(A felony conviction will not necessarily rule out the possibility for employment.)

If yes, please attach an explanation to this application.

When are you available for work? _____

Desired salary? _____

EDUCATION

Please list the last three schools that you attended, starting with the most recent.

School and Address	Course of Study	Degree	Dates Attended

PREVIOUS EMPLOYMENT

Please list your last three places of employment, starting with the most recent.

Name of Employer #1	Dates of Employment	Job Title
Address	Phone	Duties
Supervisor's Name	Reason for Leaving	Salary

Name of Employer #2	Dates of Employment	Job Title
Address	Phone	Duties
Supervisor's Name	Reason for Leaving	Salary

Name of Employer #3	Dates of Employment	Job Title
Address	Phone	Duties
Supervisor's Name	Reason for Leaving	Salary

REFERENCES

Please list three references (who are not related to you).

Name and Address	Phone Number	Number of Years Known

ADDITIONAL SKILLS, EXPERIENCE, AND QUALIFICATIONS

Do you have licensure or certification in a healthcare profession? ___ Yes ___ No

If so, what?
(Please provide appropriate documentation.)

Are you familiar with basic computer and word processing applications? ___ Yes ___ No

If so, which ones?

Are you willing and able to work overtime as needed? ___ Yes ___ No

If no, please explain.

Please list any additional skills, experience, or qualifications that you would like us to consider.

Please Read Before Signing

I certify that all of the information presented in this application for employment is true to the best of my knowledge. I also authorize all persons, institutions, and former employers to furnish all pertinent work-related information known to them about me. Furthermore, I understand that, should I be employed by this medical practice, any statements found to be false will serve as grounds for my immediate dismissal.

Signature _____ Date _____