

Studelska Inc, P.C.
Employment Application
 Please Print All Information Neatly

Name: _____ Date: _____
 Address: _____ How long at this address? _____
 City, State, and ZIP: _____
 Home Telephone: _____ Cell Phone: _____
 E-mail Address: _____ Social Security No.: _____
 Driver's License No.: _____ State: _____ Expiration: _____

Are you a veteran of the US military service? Yes No Discharge Date: _____

Are you a citizen of the United States of America? Yes No

Do you have the legal right to permanently work in the United States? Yes No

Have you ever been convicted of a crime? Yes No

Have you applied here before? Yes No Are you willing to start on a part-time basis? Yes No

When are you available to start work? _____

Are there any limitations on your travel? Yes No Can you be away from home over night? Yes No

What are your approximate salary requirements? _____

Prior Addresses for the Last Five Years (list in reverse order)	Dates of Residence (mm/yy)	
	From	To

EMPLOYMENT EXPERIENCE

Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names that indicate race, color, religion, sex, or national origin. We may contact the employers you list unless you inform us otherwise and provide a reason.

Employer 1 _____
 Address _____ City _____ State _____ Zip _____
 Telephone No. _____ Supervisor's Name _____
 Job Title _____ Reason for Leaving _____
 Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

Employer 2 _____
 Address _____ City _____ State _____ Zip _____
 Telephone No. _____ Supervisor's Name Sup
 Job Title _____ Reason for Leaving _____
 Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

Employer 3 _____
 Address _____ City _____ State _____ Zip _____
 Telephone No. _____ Supervisor's Name Sup
 Job Title _____ Reason for Leaving _____
 Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

EDUCATION

	Name and Location	No. of Years Attended	Graduation Year	Degree
High School				
College				
Graduate				
Other				

OTHER SPECIAL TRAINING ORSKILLS YOU POSSESS

LIST OTHER LANGUAGES YOU SPEAK AND/OR WRITE

_____ How proficient? Limited Good conversational Excellent
 _____ How proficient? Limited Good conversational Excellent

OFFICE SKILLS

Which computer operating systems are you familiar with? Windows Apple Other _____

Check all software programs you can utilize adequately (or Apple equivalents): Word Excel Publisher

Other software programs: _____

List other office skills that you feel may be an asset:

REFERENCES

Name	Occupation/Relationship	Address	Telephone Number

By signing this application, I certify that this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information. I acknowledge that falsification could be cause for my dismissal. Furthermore, [clinic name] or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. I understand this application is not intended to be a contract of employment. I have noted that [clinic name] is an Equal Opportunity Employer and that all applicants receive lawful consideration for employment without regard to race, religion, color, sex, age, national origin, disability, veteran status, marital status, or in the presence of a nonrelated medical condition or handicap. I realize that if I am hired, [clinic name] reserves the right to terminate my employment whenever the need arises.

Signature

Date