

WOMAN'S CLINIC, P.A.

EMPLOYMENT APPLICATION FORM

(PLEASE PRINT OR TYPE ALL ANSWERS)

Date _____ 20____

Name _____ Social Security No. _____
(Last) (First) (Middle)

Address _____ City _____ Phone _____

Previous Address _____ Date you are available to start work _____

Position Applied For _____ Salary Expected _____ Part-time Full-time

How long do you expect to work? _____ Are you available to work overtime, if needed? _____

PERSONAL DATA

Health: Excellent Fair Poor Physical Handicaps _____

Convictions other than traffic violations (specify) _____

EDUCATION

School — Draw Circle Around Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19			
NAME AND LOCATION OF HIGH SCHOOL OR COLLEGE	DEGREE OR DIPLOMA	MAJOR SUBJECT	GRADE AVERAGE
High School			
College or University			
Technical Business or Professional Training		License or Registration	

EDUCATION — Position Held, including Military Service (List Last Position First)

COMPANY	PERIOD		SALARY	JOB TITLE AND BRIEF DESCRIPTION	REASON FOR LEAVING
	From	To			
(1) Name				(1)	
Supervisor					
Company Address					
(2) Name				(2)	
Supervisor					
Company Address					
(3) Name				(3)	
Supervisor					
Company Address					

May we request references from the above? _____ Has notice been given present employer? _____

Do you type? _____ Approximate speed _____ Do you take shorthand? _____ System _____ Approximate speed _____

Other special skills _____

In an emergency notify _____ Relationship _____

Address _____ Phone _____

CHARACTER REFERENCES

Do not refer to mere acquaintances, previous employers or relatives. Refer to people who know you well, either personally or in business.

Name	Occupation	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

May we request references from the above? _____

Referred by _____ Are you personally acquainted with or related to any present or former employee of the clinic? Yes No Name of such employee _____

Use this space for any additional information you would like us to have to help judge your qualifications.

All job applicants will be required to undergo testing for substance abuse as a condition of employment. Any applicant with a confirmed positive test result will be denied employment.

I understand that the information on this employment application has been requested for purposes of evaluation my qualifications in regard to the requirements of the specified position.

I understand and expressly agree that the clinic may make or employ an agency to make such pre-employment investigation of my competence, character, general reputation, personal characteristics and mode of living as it may choose and that information concerning such matters may be obtained through contacts or interviews with former employers, neighbors, friends, associates, or any other such person with whom I am acquainted or who may have knowledge concerning the attributes referred to. I expressly consent to and acquiesce in such investigation. I also understand and have been informed that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation made.

Should I desire to leave the employ of hte Clinic, I promise to deliver my resignation to my supervisor two weeks prior to the date it is to go into effect. I understand and agree that at no time, whether I am an employee of the Clinic or not, will any information regarding patients of the Clinic be revealed to anyone other than those authorized to receive it. I understand that the giving of information concerning a patient to those not authorized to receive such information is unlawful and shall be sufficient cause of my immediate dismissal.

I certify that all information given on this form is true to the best of my knowledge, information and belief and I understand that I will be subject to dismissal if I have made any misrepresentation herein.

_____ Applicant

APPLICANT — DO NOT WRITE BELOW

Interviewer _____ Date _____

	Excellent	Good	Average	Below
Speech				
Neat and Clean				
Interest in Clinic				
Job Knowledge				

To replace _____

Position _____

Dept. _____ Sal. Sched. _____

Salary discussed _____

Employment Agreement:

To start _____ Salary _____

Hours and Days: _____

Special conditions of Employment: _____

COMMENTS: