

EMPLOYMENT APPLICATION

NAME: _____ POSITION APPLIED FOR: _____
First Middle Last

CURRENT ADDRESS: _____ How Long? _____
Street Address City State Zip

PREVIOUS ADDRESS: _____ How Long? _____
Street Address City State Zip

PHONE #: () _____ SOCIAL SECURITY #: _____ DATE OF BIRTH (optional): _____

DRIVER'S LICENSE #: _____ STATE OF ISSUE: _____ OTHER LAST NAMES USED: _____

EMPLOYMENT EXPERIENCE

Most Recent Employer		Previous Employer		Previous Employer	
Street Address		Street Address		Street Address	
City, State, Zip		City, State, Zip		City, State, Zip	
Telephone Number		Telephone Number		Telephone Number	
Last Supervisor's Name	May We Contact Employer?	Last Supervisor's Name	May We Contact Employer?	Last Supervisor's Name	May We Contact Employer?
Dates Employed Start End	Salary Start End	Dates Employed Start End	Salary Start End	Dates Employed Start End	Salary Start End
Position/Duties		Position/Duties		Position/Duties	
Reason for Leaving		Reason for Leaving		Reason for Leaving	

EDUCATION & SKILLS

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

INSTITUTION NAME	CITY/STATE	DATES	STUDIED/DEGREE

Any professional license?: _____ Current License #: _____ State Issued: _____

Do you know medical terminology? None Some Proficient (circle one)

What computer software have you used? Somewhat familiar Proficient Expert Expected salary: _____

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any work-related disabilities or chronic illnesses? _____

Days absent from work last year due to illness: _____

CERTIFICATION AND NOTICE

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. Additional testing of job related skills may be required prior to employment.

I certify that the information I have provided on this application is complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts may result in rejection of my application or discharge at any time during my employment. I authorize the company or its representatives to investigate all statements contained in this application which may be necessary to arrive at an employment decision.

PLEASE SIGN AND DATE HERE

Signed _____	Date _____
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PROFESSIONAL REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

NAME	COMPANY	PHONE NUMBER	YEARS KNOWN/RELATIONSHIP
		()	
		()	
		()	

Have you ever been convicted of a felony? _____ If yes, please describe. (This will not necessarily exclude you from consideration.)

RELEASE AND AUTHORIZATION

DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES.

In accordance with the Fair Credit Reporting Act, a consumer report or investigative consumer report including information about your credit, general reputation, character, or personal characteristics may be obtained. Upon written request, you will be provided with information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics, and a summary of your rights.

RELEASE AND AUTHORIZATION

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, credit history, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to (name of practice) and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original. In compliance with the 1990 Americans with Disabilities Act, a worker compensation search may only be requested when a conditional job offer exists.

SIGNATURE: _____ DATE: _____

NAME: _____
First Middle Last

ADDRESS: _____
Street Address City State Zip

SOCIAL SECURITY #: _____ DATE OF BIRTH (optional): _____

DRIVER LICENSE #: _____ STATE OF ISSUE: _____

CA and MN APPLICANTS ONLY:

You have the right to receive a copy of your consumer Credit report (for CA) or Consumer Report (for MN) should one be requested for employment reasons.

I wish to be furnished with a copy of my consumer report should one be ordered.