

## Application for Employment

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to comply with all applicable federal, state, and local laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

**ADA Statement:** It is our policy to provide “reasonable accommodation” to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

**What position are you applying for?**

Front Desk  Medical Assistant Radiology  Technician

Other (Indicate): \_\_\_\_\_

**Tell us about yourself:**

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

Number

Street

City

State

Zip

Telephone Number \_\_\_\_\_ Are you over 18 years old?  Yes  No

E-mail address \_\_\_\_\_ Social Security Number \_\_\_\_\_

*Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. All offers of employment are subject to verification of the applicant's identity and employment authorization. It will be necessary to submit such documents as are required by law to verify your identification and employment authorization upon employment.*

Are you authorized to work in the U.S. on an unrestricted basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform these essential functions with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate the hours you are available to work:

Day	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Holiday
Start:								
Finish:								

Do you prefer:  Part-Time  Full-Time?

**Education**

Type of School	Name of School	Location	Number of Years Completed	Major & Degree
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				

**Computer Skills (Only for positions which require computer skills)**

Check off those computer skills with which you are proficient (any version)

- Windows     Microsoft Word     Microsoft Excel     Microsoft Publisher     Web Page Design/Maintenance     E-mail     Internet

Other  
Please list:

**Military**

Are you a veteran of the United States military service?  Yes  No    If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service: \_\_\_\_\_

**Other Special Skills**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

**Professional References:**

Name	Dates Known	Relationship	Telephone Number
1			
2			
3			

**Work History**

May we contact your present employer?  Yes  No

<b>Most Recent Employer</b>	Position	
Start Date	End Date	Supervisor Name
Address	City/State/Zip	Telephone Number
Starting Salary	Starting Position	Reason for Leaving
Ending Salary	Ending Position	



Employer	Position	
Start Date	End Date	Supervisor Name
Address	City/State/Zip	Telephone Number
Starting Salary	Starting Position	Reason for Leaving
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Employer	Position	
Start Date	End Date	Supervisor Name
Address	City/State/Zip	Telephone Number
Starting Salary	Starting Position	Reason for Leaving
Ending Salary	Ending Position	

Date available to start: \_\_\_\_\_

Desired wage or salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No

Have you ever been convicted of a felony?  Yes  No

*Conviction will not necessarily disqualify an applicant for employment. If yes, please state nature of offense, dates, and disposition on back of this application.*

**Applicant's Certification and Agreement**

The information that I have provided on this application for employment is true and complete to the best of my knowledge. I understand that any false statements, omissions, or misstatements can be justification for refusal of employment, or if employed, result in termination of employment.

I authorize this urgent care center to make an investigation of any of the facts set forth in this application, including obtaining a consumer report that includes credit and criminal history, and release from any liability both the urgent care center and those who supply reference information and/or verification.

I understand and agree that this urgent care center reserves the right to establish and change any of the terms and conditions of my employment at its discretion at any time, as it deems appropriate.

I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening or medical examination at any time at the request of this urgent care center. I hereby consent to having the results of any alcohol or drug screening or medical examination I may be required to undergo disclosed to the urgent care center's owners or managers.

I authorize this urgent care center to release any and all information about myself, my employment record, or my employment status to any individual or organization the urgent care center deems worthy of receiving such information. Also, I release all parties from all liability for any damages that may result from furnishing this information.

I certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions of this authorization, certification, and agreement.

**I have read the above Statements before signing:**

Applicants Name (Print):	
Signature:	Date: