

Employment Application

Name: _____ Date: ____/____/____

Maiden Name: _____ S.S #: _____-_____-_____

Address: _____ Telephone: _____

City/State/Zip: _____

Email: _____

Education [Highest Attained]: Primary High School College

Are there any days or hours you are unable to work: Yes No

If yes, what days: _____ What hours: _____

Expected Salary: \$_____/hour When can you start: ____/____/____

Do you have your own transportation to work? _____

Can your vacation time be arranged most anytime? _____

Will you give at least 3 weeks prior to leaving? _____

HOBBIES & SPECIAL INTERESTS:

1. _____ 2. _____ 3. _____

Health Status: _____ Any health limitations? _____

Allergies: _____ Date of last medical exam: ____/____/____

REFERENCES OTHER THAN PAST EMPLOYER AND RELATIVES:

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
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1. _____

2. _____

3. _____

QUALIFICATIONS:

Computers: _____ Scheduling appointments: _____ Use of Medical Terminology _____

Use of Podiatric terms: _____ Visa/MC/Discover credit card machine _____

PAST EMPLOYMENT HISTORY

1. Employer: _____

Address: _____

Phone number: _____

Position held and duties: _____

Employed dates: ___/___/___ to ___/___/___ Reason for leaving: _____

2. Employer: _____

Address: _____

Phone number: _____

Position held and duties: _____

Employed dates: ___/___/___ to ___/___/___ Reason for leaving: _____

I hereby certify that all the above statements are true and accurate. I further give my consent to have the above verified prior to employment. Any misrepresentation will be due cause for release from employment with forfeiture of employee benefits accrued.

Date: _____ Signature of applicant: _____

Please return to

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