

A.A. Podiatry, P.L.L.C - Application for Employment

Date: _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

PERSONAL BACKGROUND

Name		SSN		
Last	First	MI		
Present Address				
Street	City		State	Zip Code
Permanent Address				
Street	City		State	Zip Code
Phone No.	Referred by			
Position Applying for:	Date You Can Start:	Salary Desired:		

Are you currently Employed?: Yes No May we inquire of your present employer? Yes No

Are you willing to work overtime? Yes No

Are you able, at the time of employment, to submit verification of you legal right to work in the US?
Yes No

On a separate sheet of paper, please answer the following questions.

1. What makes you a team player?

2. Give me an example of how you are detailed oriented.

3. What special quality do you have that would make Dr. Adamson want to hire you?

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
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HIGH SCHOOL		9 10 11 12/GED	
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COLLEGE		1 2 3 4	
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TRADE, BUSINESS OR GRADUATE SCHOOL			
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OTHER RELEVANT COURSES, ETC. Specialized technical skills (i.e., computer programmer/language, equipment operation, special tools or machines used)			
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WORK EXPERIENCE - list below the last four employers starting with your present or last place of employment

Date Mo/Yr	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
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From					
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To					
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From					
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To					
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From					
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To					
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From					
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To					
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Reference: Give the names of three persons not related to you, whom you have known at least three years.

Name & Occupation	Address	Telephone Number	Years Known
1.			
2.			
3.			

Notice to Applicant: Verification and completion of the I-9 form must be submitted no later than three business days after date of hire.

Applicant's Statement

In signing this application, I certify that off of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any relevant investigation necessary concerning any part of my background related to the position I am seeking.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired my employment is for no definite period of time and may be terminated by either party at any time.

Applicants Signature

Date