



APPLICATION FOR EMPLOYMENT

Date _____

Position Desired: _____

I. Name _____

Address _____ How Long? _____

Home Phone _____ Cell Phone _____

Soc. Sec. _____ E-mail _____

II. **EXPERIENCE** Have you had any past experience in the medical field? _____

If so, please describe _____

A. Past Employment _____

How Long? _____ Salary _____ Phone _____

Duties _____

Reason For Leaving _____

B. Past Employment _____

How Long? _____ Salary _____ Phone _____

Duties _____

Reason For Leaving _____

III. **LIST FOUR REFERENCES;**

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

IV. EDUCATION/SKILLS

Highest Level Of Education Attained (circle one) 12 13 14 15 16 16+

List any degrees you have obtained:

Check skills you have acquired:

Typing _____ Accounting _____

Shorthand _____ Telephone Communication _____

Computer _____ Physical Therapy _____

Bookkeeping _____ Other Special Skills (specify) _____

V. LIMITATIONS

Do you have any hour limitations for working? _____ If so, what? _____

Whom should we notify in case of an accident? _____

Their Phone No _____ Relationship _____

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery may cause forfeiture on my part of any employment at Troyer Urgent Care, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Troyer Urgent Care, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

(SIGNED)

(DATE)