

# EMPLOYMENT APPLICATION

Dr. Jeffrey A. Kase  
 Dr. Mark C. Speelman  
 Dr. Stephen B. Cullen

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Social Security Number

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM  
 \_\_\_\_\_:\_\_\_\_\_ PM

Have you ever been employed with us before? If Yes, give date \_\_\_\_\_  Yes  No

Have you ever filed an application with us before? If Yes, give date \_\_\_\_\_  Yes  No

Do any of your friends or relatives work here?  
 If Yes, state name, relationship \_\_\_\_\_  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your base salary range requirement? \_\_\_\_\_

Are you available for work:  Full Time 32-40 (Please indicate 1 2 3 shift)  
 Part Time <31 (Please indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_)

Are you currently on "lay-off" status and face recall possibility?  Yes  No

<b>EDUCATION</b>				
School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

<b>WORK EXPERIENCE</b>	
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Start with your present or last job. You may leave out organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Duties Performed
Address	From	To	
Telephone Numbers (s)			
	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Address	From	To	
Telephone Numbers (s)			
	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Comments: Include explanation of any gaps in employment.**


**Describe any job-related training received in the United States military.**


**List professional, trade, business or civic activities or offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


**ADDITIONAL INFORMATION**

**Other Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*


**SPECIALIZED SKILLS (Skills/Equipment Operated)**

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

*State any additional information you feel may be helpful to us in considering your application.*


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes       No

**PROFESSIONAL REFERENCES**

Name	Phone Number	Best Time to Call	Position Held
1.			
2.			
3.			

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Drs. Kase, Speelman & Cullen would like your permission to follow-up your interview by having your permission and admission to the following.

Permission:

- To contact all work related references you have supplied this office on your application
- Give potential references permission to discuss your background with our interviewing team
- To verify dates of previous employment
- To verify your education
- To verify credit history if your position involves collecting money or is related to the finances of this corporation

*It is this office's policy to check all references you have provided and no job will be offered until the investigation is complete.*

Admission:

1. Are you legally authorized for full-time/part-time employment in this country?  
\_\_\_\_\_

2. Have you ever been convicted of a crime, or are there any pending felony charges?  
\_\_\_\_\_

3. Have you ever been convicted of drug possession or substance abuse?  
\_\_\_\_\_

- Please answer on the lines provided to the above #1, 2, & 3
- Thank you for your cooperation

Signature	Date
Print name	