

# APPLICATION For EMPLOYMENT



LAKE VILLAGE CLINIC

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information 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"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		E-mail	Social Security Number (Voluntary)

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

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ..... ☐ Yes ☐ No

..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?..... ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed? ..... ☐ Yes ☐ No

May we contact your present employer? ..... ☐ Yes ☐ No

Are you lawfully authorized to work in the United States?..... ☐ Yes ☐ No

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

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

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

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

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## ADDITIONAL INFORMATION

### Other Qualifications

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

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**SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)**

		Production/Mobile Machinery (list)	Other (list)
___Terminal	___Spreadsheet		
___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.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?                             YES             NO

## REFERENCES

1. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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