

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? Salary Desired? _____

When could you start work? _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 years of age or older?..... Yes No
(If you are hired you may be required to submit proof of age.)

Social Security Number _____

If hired, can you furnish proof you are eligible to work in the U.S.?..... Yes No

Have you ever applied here before?..... Yes No If yes, when? _____

Were you ever employed here?..... Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)?..... Yes No

If yes, give details _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment?..... Yes No

If yes, please explain

For Driving Jobs Only: Do you have a valid driver's license?..... Yes No

Driver's License Number _____ Class of License _____

Have you had your drivers license suspended or revoked in the last 3 years?..... Yes No

If _____ yes, _____ give _____ details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

LIST NAME AND ADDRESS OF SCHOOL	Number of Years	Diploma/ Certificate	Degree/ Certificate	Subjects Studied
High School or GED:	Completed			
College or University:				
Vocational or Technical:				
What skills or additional training do you have that are related to the job for which you are applying?				
What machines or equipment can you operate that are related to the job for which you are applying?				

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:
CITY, STATE, ZIP CODE:	PAY: START \$ FINAL \$
SUPERVISOR: TELEPHONE:	REASON FOR LEAVING:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:
CITY, STATE, ZIP CODE:	PAY: START \$ FINAL \$
SUPERVISOR: TELEPHONE:	REASON FOR LEAVING:
NAME OF EMPLOYER:	JOB TITLES AND DUTIES:

ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:
CITY, STATE, ZIP CODE:	PAY: START \$ FINAL \$
SUPERVISOR: TELEPHONE:	REASON FOR LEAVING:

Have you worked or attended school under any other name?..... Yes No
If yes, give names: _____

Are you presently employed?..... Yes No
If yes, may we contact your present employer?..... Yes No

Have you ever been fired from a job or asked to resign?..... Yes No
If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____
This application for employment will remain active for a limited time. Ask the organization representative for details.

Longmont Clinic.

1925 West Mountain View Avenue
Longmont, Colorado 80501
(303) 776-1234

