

Personal Data

Name: _____ Social Security Number: ____ / ____ / ____

Address: _____

Telephone Number: (____) - ____ - ____ Cell Phone Home Phone

Email Address: _____

In Case of Emergency, Notify: _____ Phone Number: _____

Are you 18 years of age or older? Yes No If hired, can you establish date of birth? Yes No

Education and Training

Type of School	School Name	City/State	Courses/Major	Years Completed				
				9	10	11	12	
High School								Graduate: <input type="radio"/> Yes <input type="radio"/> No
College								Degree:
Grad School								Degree:
Other								

Work Experience

List Last Four Employers Starting with Most Recent	Occupation	Dates		Salary	Supervisor	Reason for Leaving
		From	To			
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

Employment Desired

Position Desired: _____ Salary Desired: _____

Are you Employed Now? Yes No

May we contact employer(s)? Yes No

Been employed at Green Clinic before? Yes No When: _____ Department: _____

When can you start? _____ Typing Sped: _____

Are you related to a current employee? Yes No Who? _____

U.S. Military Record

Service Dates		Branch of Service	Rank		Major Duties
From	To		Entrance	Discharge	

Personal References

Reference Name	Reference Contact Information	Business or Profession

Acknowledgement

Please read the following carefully before signing.

Your signature to the following statement is necessary to give your application consideration.

If offered employment, I understand such an offer of employment is at-will which means that either I or the clinic can terminate the employment at any time. Further, I understand my employment is conditional upon my successful completion of the clinic's physical exam. I agree to submit to the clinic's physical examination, including a drug screen. Upon successful completion of the physical examination and continued employment, I further agree to submit to physical examination, including drug and alcohol screening, when requested by the clinic.

In completing this application, I understand the clinic may wish to investigate any of the facts or statements submitted by me and grant the clinic permission to investigate any of the facts or statements submitted by me. I authorize my previous employers to release any and all information requested by the clinic. I understand that any misrepresentation, false or misleading information, or omissions which may come to the attention of the clinic, will be cause for termination of my employment or for the clinic to cease any further consideration of my application. The use of this form does not indicate that there are any positions open and does not in any way obligate the clinic.

Applicant's Signature: _____ **Date:** _____

Green Clinic is an Equal Opportunity Employer.

Green Clinic hires and promotes without regard to race, color, sex, national origin, religion, marital status, age, veteran status, or mental or physical handicap unrelated to essential job functions.

This application will be kept active for 90 days from the date it is completed. Applicants must fill out completely and legibly.