

LAREDO SPORTS MEDICINE CLINIC

EMPLOYMENT APPLICATION

Laredo Sports Medicine Clinic, P.A. is an equal opportunity employment, dedicated to a policy of nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Personal Data

SS: _____ Date: _____

First

Middle

Last

Street Address

City

State

Zip Code

Home Phone

Cellular Phone

Work Phone

Are you 18 years or older? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If "yes", please explain:

How were you referred to our office? _____

Position Preferences

For what position are you applying? _____

What is your requested salary? _____

Education

High school

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

List any certificates earned, any training programs, or an professional affiliations to which you belong.

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____

City and State: _____

Telephone Number: _____

Position and Title: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Salary: _____ per- Hour Week Month Year (circle one)

Dates of Employment: From _____ To _____

May we contact Your Employer: Yes _____ No _____

Previous Employer: _____

City and State: _____

Telephone Number: _____

Position and Title: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Salary: _____ per- Hour Week Month Year (circle one)

Dates of Employment: From _____ To _____

May we contact Your Employer: Yes _____ No _____

Previous Employer: _____

City and State: _____

Telephone Number: _____

Position and Title: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Salary: _____ per- Hour Week Month Year (circle one)

Dates of Employment: From _____ To _____

May we contact Your Employer: Yes _____ No _____

Reference

Name	Title	Company	Phone	Professional Relationship

Special Job Skills, Licenses, and/or Certifications: (What sets you apart from the rest!)

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from the Laredo Sports Medicine Clinic, P.A. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature

Date