

# Employment & Volunteer Application



## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available				Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Are you seeking a permanent position?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain	

## EDUCATION

High School		City/State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		City/State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		City/State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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## COMPUTER SKILLS

Type of computer your accustomed to using: ☐ PC ☐ Mac ☐ Both

Programs your familiar with (check all that apply):

☐ Word ☐ Excel ☐ Outlook ☐ PowerPoint ☐ Photoshop ☐ InDesign ☐ Quickbooks ☐ None

Average WPM \_\_\_\_\_

## MEDICAL PROFESSIONALS ONLY

You will need to provide the following documentation to be credentialed prior to beginning employment. (Please check what you currently have.)

- ☐ Copy of your Resume and Application
- ☐ Copy of your Drivers License/Passport
- ☐ Copy of your State License
- ☐ Copy of your BLS Certification
- ☐ Copy of any Certifications you may have, specifically ultrasound training if applicable
- ☐ DOB and SS# for background checks and degree verification
- ☐ Copy of your HIPAA/OSHA/Emergency Preparedness Training Acknowledgements (provided)

## ADDITIONAL SKILLS

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention.

## REFERENCES

*Please list three professional references.*

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

# Employment & Volunteer Application



PREVIOUS EMPLOYMENT		
Company		Phone (     )
Address		Supervisor
Job Title	Supervisor Email	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

PREVIOUS EMPLOYMENT		
Company		Phone (     )
Address		Supervisor
Job Title	Supervisor Email	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone (     )
Address		Supervisor
Job Title	Supervisor Email	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date