

GETTYSBURG FAMILY PRACTICE, INC. Employment Application

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Date Available:	Social Security No.:	Desired Salary:	
Position Applied for:			
<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time			
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?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Have you ever been terminated or asked to resign from any job? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, please explain circumstances: _____			
Please explain fully any gaps in your employment history: _____			
Please indicate any actual experience, special training or qualification that you have that you feel is relevant to the position for which you are applying: _____			

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Certifications:			
REFERENCES			
<i>Please list three professional references.</i>			
Full Name:		Relationship:	
Company:		Phone: ()	
Address:			
Full Name:		Relationship:	
Company:		Phone: ()	
Address:			

Full Name:		Relationship:	
Company:		Phone: ()	
Address:			
PREVIOUS EMPLOYMENT (PLEASE LIST MOST CURRENT FIRST)			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary	\$	Ending Salary \$
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:	Starting Salary	\$	Ending Salary \$
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:	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			
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