



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name:

Last

First

Middle

Address:

Street

(Apt)

City, State

Zip

Alternate Address:

Street

City

State

Zip

Contact Information:

()

Home Telephone

()

Mobile

Email

POSITION SOUGHT: _____

Available Start Date: _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

If yes,

Number _____ State of issue _____ Expiration date _____

Are you a US citizen? Yes No

If not then do you have permission to work in the U.S.A.? Yes No Visa type _____

EDUCATION/SKILLS

| | Name and Location | Major / Subjects of Study | Degree/Certificate |
|--|-------------------|---------------------------|--------------------|
| High School | | | |
| College or University | | | |
| Specialized Training, Trade School, etc... | | | |
| Other Education | | | |
| Computer Skills | | | |

PREVIOUS EXPERIENCE

Please list beginning from most recent

| | | | | |
|-------------------|-------------|---------------------------------|---|----------------|
| Employer Name: | Address: | | | |
| Start Date: | End Date: : | Supervisor's name and telephone | Position/Title: | |
| Duties Performed: | | Reason for Leaving: | Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, reason? |

| | | | | |
|-------------------|-------------|---------------------------------|---|----------------|
| Employer Name: | Address: | | | |
| Start Date: | End Date: : | Supervisor's name and telephone | Position/Title: | |
| Duties Performed: | | Reason for Leaving: | Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, reason? |

| | | | | |
|-------------------|-------------|---------------------------------|---|----------------|
| Employer Name: | Address: | | | |
| Start Date: | End Date: : | Supervisor's name and telephone | Position/Title: | |
| Duties Performed: | | Reason for Leaving: | Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, reason? |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize MCC Medical Clinic to make any investigations of my prior educational and employment history.

Signature: _____ Date: _____

Equal Employment Opportunity: The MCC Medical Clinic is an equal opportunity employer and does not discriminate in employment based upon race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation, or political beliefs, and implements and maintains an effective equal employment opportunity program. The following information is optional and failure to provide it will have no affect on your application for employment.

Date of Birth: _____ Place of Birth: _____ Male Female Ethnicity: _____