

QUALITY HEALTHCARE CLINIC, LLC

Employment Application



Quality Healthcare Clinic
Community Inspired. Integrity Driven.

Please attach a copy of your resume' if available.

APPLICANT INFORMATION

| | | | | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------|----------------|--|
| Last Name | | | | First | | | M.I. | Date of Birth | |
| Street Address | | | | | | | Apartment/Unit # | | |
| City | | | | State | | | ZIP | | |
| Phone | | | | E-mail Address | | | | | |
| Date Available | | | | Social Security No. | | | | 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? | | | | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | |

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 | | | |

REFERENCES

Please list three professional references.

| | | | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|--|--|
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |

PREVIOUS EMPLOYMENT

| | | | |
|--|-----------------|--------------------|------------------|
| 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