

Cardinal Clinic, LLC

May we contact your present employer for references?

Yes No

Are you legally qualified to work in the United States?

Yes No

(Proof of citizenship or immigration status will be required if hired)

On what date would you be available for work? _____

EDUCATION

	High School	Technical School	College	Other
School Name and Location				
Years Completed	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree	Yes No	Yes No	Yes No	
Major Course(s) of Study				

Summarize special skills and training not listed above:

Describe honors received:

List professional, trade, business, or community activities and offices held.

You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:

References

Give name, address, and telephone number of three business (work) references who are not related to you.

1. _____

2. _____

3. _____

Professional Credentials

If you are a professional requiring licensure, is your licensure current? Yes No
 License Number: _____ Date of expiration: _____

Employment Experience

Start with your present or most recent position. You may attach a resume but this application must be completed in its' entirety.

1. Employer	Dates Employed		Work Performed (Include population specific experience)
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
2. Employer	Dates Employed		Work Performed (Include population specific experience)
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
3. Employer	Dates Employed		Work Performed (Include population specific experience)
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever served in the United States military? Yes No

If yes, please give branch and dates: _____
Branch of Service Dates

Are you able to perform the essential requirements of the job? Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

State any additional information you feel may be helpful to us in considering your application.

ACKNOWLEDGEMENT

CERTIFICATION OF APPLICANT: I affirm, agree and understand that all statements and answers given on this application for employment are true, complete and accurate. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that any misrepresentation or omission of facts may result in my being disqualified for employment, or termination of employment if the misrepresentation is discovered at a later date.

I understand that Cardinal Clinic, LLC or a third-party, consumer reporting agency acting on Cardinal Clinic, LLC's behalf may perform a pre-employment background investigation to determine my suitability for the employment I seek and to obtain information about my background including but not limited to: information about my personal character, previous employment, general reputation, educational background, credit history, driving records and/or criminal history.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Cardinal Clinic, LLC is of an "at-will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this at-will employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of Cardinal Clinic, LLC specifically acknowledges such changes in writing.

In the event of employment, I understand that false and/or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies and rules of Cardinal Clinic, LLC.

Signature: _____ Date: _____

Additional Page

4. Employer	Dates Employed		Work Performed (Include population specific experience)
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
5. Employer	Dates Employed		Work Performed (Include population specific experience)
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
6. Employer	Dates Employed		Work Performed (Include population specific experience)
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			