



SOUTHERN COLORADO CLINIC APPLICATION FOR EMPLOYMENT

Southern Colorado Clinic is an equal opportunity employer. Southern Colorado Clinic does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Print Name _____ Date _____
Full Address _____ State: _____ Zip Code _____
E-mail Address _____ Phone Number: _____

GENERAL INFORMATION

Are you eligible to work in the US? Yes No
Are you 18 years or older? Yes No
Can you work weekends if needed? Yes No
Can you work overtime if needed? Yes No
Are you able to fill in for call off's? Yes No
Have you ever applied for this company before? Yes No
Have you ever worked for this company before? Yes No
If yes, when and what position? _____

EMPLOYMENT DESIRED

Are you seeking Full Time Part time PRN
When day can you start work? _____
Position Desired _____
Hourly Rate / Salary Desired _____
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No
If accommodations are necessary, please describe: _____

REFERRAL SOURCE – How did you hear about us?

Referral Source: _____
Job Board Source: _____
Other Source: _____

Do you know anyone who works for Southern Colorado Clinic? Yes No
If yes, please provide names of employees: _____

EMPLOYMENT HISTORY

List your last three (3) jobs. If there are periods of unemployment or gaps you must and provide reasons. Be sure to start with the most recent job and work backwards in time. *Incomplete information could disqualify you from further consideration. If additional space is needed please use the back of the sheet. 3 jobs must be listed, regardless of gaps.*

Current or last employer		OK to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

List any skills or experience you feel may be crucial to the position for which you've applied?

EDUCATION

	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

REFERENCES

Please provide the names of three professional references. Personal references will not be accepted.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Southern Colorado Clinic to hire me. If I am hired, I understand that either Southern Colorado Clinic or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Southern Colorado Clinic has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Southern Colorado Clinic true and complete information on this application. No requested information has been concealed. I authorize Southern Colorado Clinic to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Print Name

Date

Signature

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.