

Waterfall Clinic

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

| | | | |
|--|------------|-------------|------------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY NUMBER |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS <small>(if different from above)</small> | | | TELEPHONE NUMBER |

| | | | |
|--|---|----------------------------------|---|
| ARE YOU OVER THE AGE OF 18? YES <input type="checkbox"/> NO <input type="checkbox"/> | ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | INDICATE SHIFTS WILLING TO WORK: | FULL-TIME NIGHTS <input type="checkbox"/> PART-TIME WEEKENDS <input type="checkbox"/> ON CALL TRAVEL <input type="checkbox"/> |
|--|---|----------------------------------|---|

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|-------------------------|--------------|---------------|--------------------------|--|
| APPLICABLE WORK SKILLS: | TYPING (WPM) | TEN-KEY (DPM) | WORD PROCESSING (SYSTEM) | TRANSCRIPTION YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-------------------------|--------------|---------------|--------------------------|--|

| E D U C A T I O N | NAME AND LOCATION OF SCHOOL | | GRADUATED | YEARS ATTENDED | TYPE OF DEGREE | MAJOR | CERTIFICATE NUMBER | |
|---|--------------------------------|----------------|-----------|----------------|----------------|-------|--------------------|--|
| | HIGH SCHOOL | NAME | | | | | | |
| | | CITY AND STATE | | | | | | |
| | COLLEGE | NAME | | | | | | |
| | | CITY AND STATE | | | | | | |
| | OTHER EDUCATION & CERTIFICATES | NAME | | | | | | |
| | | CITY AND STATE | | | | | | |

| | | | |
|---|--|---|------------------|
| TYPE OF WORK YOU ARE APPLYING FOR: | WHAT SOURCE PROMPTED YOU TO APPLY TO WATERFALL CLINIC? | HAVE YOU PREVIOUSLY APPLIED TO WFC? IF SO, WHEN? YES <input type="checkbox"/> NO <input type="checkbox"/> | DATE AVAILABLE: |
| ARE YOU WILLING TO TRAVEL: YES <input type="checkbox"/> NO <input type="checkbox"/> | IF YES, WHAT % OF TIME? | LOCATION PREFERENCES: 1. 2. 3. | SALARY EXPECTED: |

| | | | |
|--------------------|-------|-----------------|-----------------------------|
| EMERGENCY CONTACT: | NAME: | STREET ADDRESS: | |
| | CITY: | STATE: | ZIP CODE: TELEPHONE NUMBER: |

| | | |
|--------------------------|---------------|--|
| U.S. MILITARY EXPERIENCE | YEARS SERVED? | PRINCIPLE MILITARY DUTIES THAT ARE RELATED TO THE JOB APPLIED FOR: |
| | DISCHARGE? | |

| | |
|--|--------------------|
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> | IF YES, LIST DATE: |
|--|--------------------|

| EMPLOYMENT | EMPLOYERS NAME AND ADDRESS (Present employer first) | DATES | POSITION HELD | SUPERVISOR'S NAME | May we contact? | REASON FOR LEAVING |
|------------|--|-----------|---------------|-------------------|-----------------|--------------------|
| | | TO - FROM | | | | |
| 1. | | | | | | |
| | | | | | | |
| 2. | | | | | | |
| | | | | | | |
| 3. | | | | | | |
| | | | | | | |
| 4. | | | | | | |
| | | | | | | |

EXPERIENCE

Describe below any experience/skills which may be helpful in determining your job related abilities.
(You are NOT required by law to list any information which indicates race, age, religion, sex, or national origin.)

REFERENCES

Please give three references, preferably business, professional or academic. If you do not have three such references, please give a sufficient number of personal references to bring the total number of references to three.

| | | | |
|-------|----------|------------|-----------|
| NAME: | ADDRESS: | TELEPHONE: | POSITION: |
| NAME: | ADDRESS: | TELEPHONE: | POSITION: |
| NAME: | ADDRESS: | TELEPHONE: | POSITION: |

I understand that any offer of employment is being extended contingent on the results of employment drug test, and compliance with the Immigration Reform and Control Act.

I hereby give Waterfall Clinic the right to make a thorough investigation of my past employment and employment-related activities. I release Waterfall Clinic and related parties from liability related to past employment investigation.

I agree to conform to the rules and regulations of Waterfall Clinic and that, if hired, my employment will be at-will and may be terminated with or without notice and with or without cause at any time, at my option or at the option of Waterfall Clinic, that only a written agreement expressly to the contrary signed by me and by the CEO of the agency can vary this employment at-will policy.

PRINTED NAME:

SIGNATURE:

DATE: