

Please fill out this form completely to apply for employment with ENT Clinic of Iowa, P.C. Please print legibly or type.

Personal and Employment Information

Name: _____

Address: _____

Home Phone: _____

Position you are applying for: _____

What days/hours are you available to work (Please circle): Mon Tues Wed Thurs Fri / AM PM

Are you currently employed? If yes, give the employer's name and address and your current position. If no, please state the number of days or weeks since leaving your last job and reason for leaving.

Y / N

Education and Training

Please list all degrees and/or courses of study that relate to your ability to perform the position you are applying for.

School name: _____ Degree/Course: _____

School name: _____ Degree/Course: _____

School name: _____ Degree/Course: _____

School name: _____ Degree/Course: _____

Please describe any special training you have obtained that would be helpful in this job.

Work and Professional Experience

List your full-time and part-time employment experience beginning with your current or most recent employer.

Employer name: _____

Address: _____

Position held: _____

Supervisor's name: _____

Description of work performed:

Dates employed: _____ through _____

Reason for leaving: _____

Employer name: _____

Address: _____

Position held: _____

Supervisor's name: _____

Description of work performed:

Dates employed: _____ through _____

Reason for leaving: _____

Employer name: _____

Address: _____

Position held: _____

Supervisor's name: _____

Description of work performed:

Dates employed: _____ through _____

Reason for leaving: _____

Employer name: _____

Address: _____

Position held: _____

Supervisor's name: _____

Description of work performed:

Dates employed: _____ through _____

Reason for leaving: _____

Additional Information

Have you ever been discharged from any jobs? Yes____ No____
If 'Yes' please list the employer's name, address and reason for discharge.

Have you ever been convicted of a felony within the last [] years? No____ Yes____
If 'Yes' explain the date and nature of the offense and the results of the conviction.

Please list any other skills, experience or abilities that you would like us to know about.

References

Please list 3-5 persons who are familiar with you work-related abilities and skills. Do not include relatives.

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____

Phone: _____

Address: _____

Email: _____

Name: _____

Phone: _____

Address: _____

Email: _____

Agreement

I hereby give ENT Clinic of Iowa the right make a complete investigation of my references, past employment, education, job-related activities, and other matters related to candidacy for employment.

I agree that any false answer, false statement or omission of correct information given by me in this application shall be sufficient cause for ENT Clinic of Iowa to deny me employment or discharge me if any employment relationship is established, regardless of the time elapsed before discovery. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct without any mental reservation whatsoever. I further certify that I, the undersigned applicant have personally completed this application.

I understand that nothing in this application or in granting an interview, is intended to create an employment contract between ENT Clinic of Iowa and me.

Print Full name

Signature

Date