

EMPLOYMENT APPLICATION

Name _____ Social Security No. (last four digits) _____

Present Address _____

City _____ County _____ State _____ Zip _____

Telephone No. Home: _____ Cell: _____

Previous Address _____

Street _____ City _____ State _____ Zip _____

How were you referred to Slocum-Dickson Medical Group, P.L.L.C. _____

Do you have any relatives working for this organization? Yes _____ No _____

If yes, Name _____ Relationship _____

Department _____

Have you ever been employed by this organization? Yes _____ No _____

If yes, Position _____ Department _____ From _____ To _____

Do you have a legal right to work in the United States? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____ If not, state your age _____

Military Service? Yes _____ No _____ If yes, from _____ to _____

Branch of service _____ Highest rank obtained _____

Position Applied For _____

Date available for employment _____ Salary Desired _____

Would you accept another position? Yes _____ No _____

If yes, describe the type of job you would accept _____

Indicate Applicable Work Skills:

Typing _____ WPM Shorthand _____ WPM

Microsoft Office Suite: Word _____, Excel _____, Powerpoint _____, Access _____, Outlook _____

Are you applying for: _____ full time _____ part time _____ permanent _____ temporary

School: Name and Address	Course of Study	Circle last year completed	Did you graduate?	Diploma/Degree
High School		1 2 3 4		
College		1 2 3 4		
College		1 2 3 4		
Technical, Business or Professional		1 2 3 4		

