

EMPLOYMENT HISTORY

Complete all information regardless of submitting a resume.

Include any military experience, internship, or externship which may relate to the position in which you are applying.

May we contact your present employer for a reference? Yes No Later

Indicate below all work experience beginning with your current or most recent employment.

Current/Last Employer	Address	Telephone	Fax
Supervisor Name	Dates Employed	Your Position	
Summarize your job responsibilities:			
Reason for Leaving:			

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Supervisor Name	Dates Employed	Your Position	
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Supervisor Name	Dates Employed	Your Position	
Summarize your job responsibilities:			
Reason for Leaving:			

ADDITIONAL EMPLOYMENT

Employer	Address	Dates Employed	Your Position
Reason for Leaving:			

Employer	Address	Dates Employed	Your Position
Reason for Leaving:			

Employer	Address	Dates Employed	Your Position
Reason for Leaving:			

EMPLOYMENT HISTORY CONTINUED

Have you ever been discharged from any employment? Yes No

Have you ever had your professional license or certificate suspended, denied or revoked? Yes No N/A

If work or educational experience was obtained under another name, please indicate name(s) and date(s) used:

Is all previous work experience listed? _____ If not please attach a resume or additional paper.

Please explain any gaps in your employment history.:

CLINICAL ROTATION

Instructor Name: _____	Telephone: _____
Rotations: _____	

EDUCATION

School Name City and State	Telephone	Did you Graduate	Diploma/Degree	Major/Courses
High School/GED				
College or Technical School				
Graduate or Professional School				
Other Education or Military				

CERTIFICATION/LICENSES/REGISTRATIONS

Obtained: _____	Expiration: _____
Obtained: _____	Expiration: _____
Obtained: _____	Expiration: _____
Obtained: _____	Expiration: _____

BUSINESS OR PROFESSIONAL REFERENCES

Name	Relationship	Name Of Business	Telephone
Name	Relationship	Name Of Business	Telephone
Name	Relationship	Name Of Business	Telephone

SKILLS

Medical Terminology Multi-Line Phones Fluent in languages other than English? _____
 Computers WPM Typing Speed

Please list additional qualifications, skills or knowledge pertinent to the position you are applying for:

REFERENCE RELEASE FORM
PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge. I hereby grant permission to BELOIT CLINIC, S.C. and its personnel to confirm, by personal inquiry or otherwise, the information I have given in the employment process. I understand that any misrepresentation of facts given in this process is grounds for rejection of this application or dismissal, if employed. I release all persons connected with any request for information from all claims, liability and damages for whatever reason arising out of furnishing the information.

I understand that if I am offered a job, the job offer is conditional on my passing employment and professional reference checks, and criminal background checks. I understand and agree that background inquiries may be requested that will seek information as to my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state and other agencies.

I understand that if employed my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no one has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement which has been signed by an administrative representative of this facility and notarized.

I do hereby RELEASE all previous employers, schools attended and Beloit Clinic, S.C. from all liability in regard to the final outcome(s) due to the transmission of reference information. Should I become an employee, I agree to abide by the policies and procedures as set out by BELOIT CLINIC, S.C.

I hereby acknowledge that I have read and understand the above statements.

Signature of Applicant

Date of Application