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EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least 10 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, **but you must complete the employment section**. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year)		Position Title
From:	To:	
Salary Start: \$ /Month	Final: \$ /Month	Organization Name/Address
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____	
May we contact for references		Supervisor's Name/Title/Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason For Leaving:
Duties:		

Dates Employed (month/year)		Position Title
From:	To:	
Salary Start: \$ /Month	Final: \$ /Month	Organization Name/Address
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____	
May we contact for references		Supervisor's Name/Title/Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason For Leaving:
Duties:		

Dates Employed (month/year)		Position Title
From:	To:	
Salary Start: \$ /Month	Final: \$ /Month	Organization Name/Address
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____	
May we contact for references		Supervisor's Name/Title/Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason For Leaving:
Duties:		

Dates Employed (month/year)		Position Title
From:	To:	
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<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____	
May we contact for references		Supervisor's Name/Title/Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason For Leaving:
Duties:		

References

List name and telephone number of three business/work references that are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references that are NOT related to you.

Name	Title	Relationship	Phone #	# of Years Known

APPLICANT STATEMENT - PLEASE READ CAREFULLY AND SIGN BELOW - I certify that all information I have provided in order to apply for and secure work with Cooper Clinic, PA, is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Director of H.R.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPLICANT DATA RECORD

Cooper Clinic, P.A. is an Equal Opportunity Employer. We do not discriminate in hiring or employment because of race, color, religion, national origin, sex, age, disability or veteran status.

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this portion of the form is completely voluntary. Any information gathered is strictly confidential.

Thank you for your cooperation

Date of Birth: _____

Check One: Male Female

Check as Applicable:
 White/Caucasian
 Black
 Hispanic
 American Indian/Alaskan Native
 Asian/Pacific Islander

Are you a Vietnam Era Veteran? Yes No

EMPLOYMENT HISTORY CONTINUATION

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
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Duties:			
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