



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran, or public assistance status, sexual orientation, or any other legally protected status.

Name: _____
First Middle Last

Current Mailing Address: _____
Street City State Zip

Permanent Mailing Address (if different from above): _____
Street City State Zip

Maiden or Other Names Used: _____

Referred Yes No If yes by _____

Home Telephone Number _____ OK to leave a message? Yes No

Alternate Telephone Number _____ OK to leave a message? Yes No

Best Time to Reach You: Home: _____ Alternate: _____

Email Address: _____

Are you 18 or older? Yes No

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

If yes, is your right to work based solely on your possession of a student visa or a visa sponsored by a third-party employer (an organization other than Open Door?) Yes No

Employment Data

Position applying for or work in which you are interested _____

Full Time Part Time Temporary

What shifts are you able to work? Mornings Afternoons Evenings Weekends

Date Available for Employment _____

Have you previously been employed by our organization? If so, where _____

Date began _____ Date ended _____

General Information

How did you hear about our employment opportunity?

- employee
- advertisement – local
- internet (specify site) _____
- friend or relative
- walk – in
- other (specify) _____



Specialized Skills

<input type="checkbox"/> Office 365 <input type="checkbox"/> CPR/BLS Certified <input type="checkbox"/> SignNow	<input type="checkbox"/> AllScripts – Medical Software <input type="checkbox"/> Dentrix – Dental Software <input type="checkbox"/>	Other (list):
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Foreign Languages

Foreign Language(s) you can <u>spea</u> k fluently	Foreign Language(s) you can <u>rea</u> d fluently	Foreign Language(s) you can <u>wri</u> te fluently
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Professional Credentials

Licenses, Certification or Registration _____

Year Licensed/Certified	State	ID Number	Original	Current

Educational Record

If specific education or training is required for the position for which you are applying, please include information below.

High School	City	State	Cumulative G.P.A.
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Did you graduate? No Yes, date: _____

Business School, Vocational School or Other	City	State	Cumulative G.P.A.
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Did you graduate? No Yes, date: _____ **Area of Study:** _____

College Undergraduate	City	State	Cumulative G.P.A.
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Did you graduate? No Yes, date: _____ **Area of Study:** _____

Post Graduate	City	State	Cumulative G.P.A.
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Did you graduate? No Yes, date: _____ **Area of Study:** _____



Employment History

List most recent first. Include any Paid, Unpaid, or Military Experience.

Present or last employer _____	Phone Number _____
Address _____	City, State, Zip _____
Position _____	Ending Rate of Pay _____
Duties _____	
Date Began (Month/Year) _____	Date Left (Month/Year) _____
Reason for Leaving _____	
May we contact for verification and reference purposes? <input type="checkbox"/> Yes immediately <input type="checkbox"/> Yes, at a later date <input type="checkbox"/> No	

Present or last employer _____	Phone Number _____
Address _____	City, State, Zip _____
Position _____	Ending Rate of Pay _____
Duties _____	
Date Began (Month/Year) _____	Date Left (Month/Year) _____
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May we contact for verification and reference purposes? <input type="checkbox"/> Yes immediately <input type="checkbox"/> Yes, at a later date <input type="checkbox"/> No	

Please use the space below to summarize any additional information necessary to fully describe your qualifications (e.g. additional employment experience, skills, volunteer experience, seminars attended, honors received, etc.).



References

Please list two professional references and either a school representative or personal reference (do not list relatives), which we may contact.

Name _____ Occupation _____

Phone Number _____ Email _____

Name _____ Occupation _____

Phone Number _____ Email _____

Name _____ Occupation _____

Phone Number _____ Email _____

Applicant's Statement

PLEASE READ CAREFULLY BEFORE SIGNING

I affirm that all information on this application is true and complete. I understand that any misrepresentation, falsification, or willful omission on this application or in interviews or at any time during the hiring process shall be sufficient reason for dismissal, revocation of offer, and/or refusal of employment.

I authorize my former employers, educational institutions, and references to further any information concerning my application for employment. I authorize Open Door and its representatives to contact my former employers, educational institutions, and references for the purpose of obtaining such information. **In consideration of Open Door's review of this application, I release Open Door and all providers of information from any availability as a result of furnishing and receiving such information (this does not waive my rights to file a charge, testify, assist or participate in an investigation, hearing or proceeding under Title VII, the Age Discrimination in Employment Act, the Equal Pay Act, or the American with Disabilities Act.)**

I agree, as a condition of hire, to provide documents establishing proof of identity and employment eligibility in compliance with the Immigration Reform and Control Act of 1986.

I understand that an offer of employment may be contingent upon a successful completion of a criminal background check.

I further understand that all offers of employment are conditional upon satisfactory results of the drug/alcohol screening test, and if applicable, a breath alcohol test and physical examination. Applicants who refuse to sign the Agreement will not be considered for employment.

In consideration of my employment, I agree to the policies regulations of the organization(s) at which I am employed. I further agree that my employment and compensation can be terminated at any time, at the option of either the employer or myself, with or without cause or notice. Any oral statements that contradict this employment "at will" relationship is disavowed by Open Door and should not be relied upon.

I certify that I have never been excluded and am not presently the subject of any action to exclude from participating in or providing services for which payment may be made under any Federal health care program.

Applicant's Signature _____ **Date** _____