

TWIN CITIES SPINE CENTER

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name & Location of School	Course of Study	No. of years Completed	Did you Graduate?	Degree or Diploma
	Graduate					
	College					
	Business/ Trade/Tech					
	High School					

R E F E R E N C E S	Name	Name
	Street	Street
	City, State, Zip	City, State, Zip
	Phone	Phone

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Employer Number(s) _____	Reason _____

ATTENDANCE

Other than holidays and pre-planned, approved vacations, how many unscheduled days off did you take over the past: a. 12 months: _____ b. Previous 12 months: _____

Federal Healthcare Programs Participation

Have you been convicted of a criminal offense related to your participation in a Federal Healthcare Program (Medicare, Medicaid, etc.)?
 Yes No

SIGNATURE	I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that false, misleading or incomplete information will result in a rejection of the application or dismissal from employment, whenever it is discovered.	
	I understand this application does not constitute a job offer or contract of employment. Employment, if offered, is at will and may be terminated by either Twin Cities Spine Center or me at any time with or without cause or without notice.	
	I grant my authorization for Twin Cities Spine Center to verify the content of this application, as attested by my signature below:	
	Date _____	Signature _____