

Boone Clinic Employment Application

401 Keene Street
Columbia, Missouri 65201

Name: _____ Social Security Number: _____

Address/City: _____ State _____ Zip/Postal Code _____

Home Phone: _____ Business Phone: _____

Position Applied For: _____ Date Available to Begin Employment: _____

Would You Accept Another Position? Yes No Desired Salary? _____

<u>Are you willing to work:</u>	<u>Yes</u>	<u>No</u>	<u>Indicate applicable work skills:</u>
Overtime (Over 40 hours/wk)	___	___	Typing _____ WPM
On Call	___	___	Transcription <input type="checkbox"/> Yes <input type="checkbox"/> No
Travel	___	___	10 Keypunch <input type="checkbox"/> Yes <input type="checkbox"/> No
Weekends (Sat/Sun)	___	___	Word Processor _____
Other Job Related Skills	_____		

Are you applying for: Full Time Part Time Temporary
 How were you referred to Boone Clinic? _____
 Have you ever been employed by Boone Clinic? Yes No
 If yes, Position _____ Department _____
 Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? Yes No
 After reviewing all the essential functions of the job for which you are applying, are you able to perform these essential functions with or without accommodation? Yes No
 Do you have commitments to another employer that might affect your employment with Boone Clinic? Yes No
 Have you ever been convicted of a misdemeanor or felony? (Convictions will not necessarily bar you from employment but are reviewed as related to the relevancy of the job for which you have applied.) Yes No
 If yes, please explain. _____
 Military Service? Yes No If yes, from _____ to _____ Branch _____ Rank _____

Education / Professional Licenses and Certifications

School: Name and Address	Course of Study	Circle Last Year Completed	Did you Graduate?	Degree Earned
High School		1 2 3 4	___ Yes ___ No	
College		1 2 3 4	___ Yes ___ No	
College		1 2 3 4	___ Yes ___ No	
Technical/Business, or Professional		1 2 3 4	___ Yes ___ No	

Professional Licenses or Certifications

Type	State	Expiration Date	Registration Number

Please list name, address, and telephone number of previous employers with most recent first. Periods of unemployment should be included.

	<u>From</u>	<u>To</u>	<u>Immediate Supervisor</u>	<u>Last Salary</u>
Job Title _____	_____	_____	_____	_____
Employer Name, Address and Phone Number _____				
Duties _____				
Reason for Leaving _____				

	<u>From</u>	<u>To</u>	<u>Immediate Supervisor</u>	<u>Last Salary</u>
Job Title _____	_____	_____	_____	_____
Employer Name, Address and Phone Number _____				
Duties _____				
Reason for Leaving _____				

	<u>From</u>	<u>To</u>	<u>Immediate Supervisor</u>	<u>Last Salary</u>
Job Title _____	_____	_____	_____	_____
Employer Name, Address and Phone Number _____				
Duties _____				
Reason for Leaving _____				

May we contact your current employer? Yes No
 May we run an employment check on other employers listed above? Yes No
 Have you worked under any other names? Yes No If yes, what name? _____

Please list references (not relatives or employers) to contact who are familiar with your work history.

<u>Name</u>	<u>Title/Occupation</u>	<u>Address</u>	<u>Telephone Number</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. Please exclude all information indicative of age, sex, race, religion, color, national origin, or handicap.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that 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 any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision to Boone Management Inc.

Signature

Date