



**EDUCATION:**

High School: \_\_\_\_\_

(Name)

(Number of years)

(Diploma or Degree)

Trade/Professional: \_\_\_\_\_

(Name)

(Number of years)

(Diploma or Degree)

College/University: \_\_\_\_\_

(Name)

(Number of years)

(Diploma or Degree)

Graduate School: \_\_\_\_\_

(Name) (Number of years) (Diploma or Degree)

**SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Do you have a license, certificate, or type of professional registration?

If yes, what? \_\_\_\_\_

License, certificate or registration number: \_\_\_\_\_

**FOREIGN LANGUAGES:**

Yes No Do you speak any foreign languages?

If yes, Which ones? \_\_\_\_\_

Please circle one of the following: Fluent Good Fair

Please circle all that apply: Speak Read Write

If more than one? \_\_\_\_\_

Please circle one of the following: Fluent Good Fair

Please circle all that apply: Speak Read Write

**MILITARY HISTORY:**

Yes No Have you ever served in the US military services?

If so, what branch? \_\_\_\_\_

Briefly describe service duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY:**

Current Employer: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Describe Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Supervisor: \_\_\_\_\_

May we contact your current employer?  Yes  No

Employer: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Describe Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Supervisor: \_\_\_\_\_

May we contact your current employer?  Yes  No

Employer: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Describe Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Supervisor: \_\_\_\_\_

May we contact your current employer?  Yes  No

**REFERENCES:**

*Providing this information means that you give this organization permission to contact the reference listed. Please do not list relatives.*

- 1. \_\_\_\_\_  
 (Name) (Address) (Phone #)
- 2. \_\_\_\_\_  
 (Name) (Address) (Phone #)
- 3. \_\_\_\_\_  
 (Name) (Address) (Phone #)

As part of the hiring process, you should know that we will be checking your references. We may contact those persons whom you have identified to us as potential references. In addition, we reserve the right to contact other references that you have not listed. When we contact a reference, we ask a series of questions. They are about your personal background, education, work experience, character, personality, or personal habits.

I have read the above paragraph and fully understand it. I hereby voluntarily consent to allow Lighthouse Family Medicine, PLLC or any of its officers, employees, agents, or designees, to check my references by contacting any person whom they deem to be an appropriate reference, Lighthouse Family Medicine representatives may ask any questions they consider relevant to their hiring decision, including questions about my personal background, education, work experience, character, personality, and personal habits.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICANT'S ACKNOWLEDGMENT:**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also if employed, I am required to abide by all rules and regulations of the employer. I understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time. I understand that, if employed, my employment would be for no defined period of time and if terminated, Lighthouse Family Medicine is liable only for wages and benefits earned as of the date of termination.

Note: You will be considered an applicant for the jobs you list in this application in which an opening exists and for which you meet basic qualifications. Applicants will be considered for job openings for a period of ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

**I have read and fully understand the above information.**

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY\*\*\*\*\*

Yes    No    Arrange Interview?

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If employed, start date: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Department/Location: \_\_\_\_\_

Job Title: \_\_\_\_\_