

Are you physically or otherwise unable to perform the duties of the job for which you are applying?
YES NO

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin)

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers:

- 1. _____
- 2. _____
- 3. _____

EDUCATION

| | |
|---|-------------------------------|
| SCHOOL NAME | Circle highest year completed |
| High School _____ | 9 10 11 12 |
| College _____ Course Study _____ | 1 2 3 4 Degree () Yes () No |
| Graduate/Professional _____ Course Study _____ | 1 2 3 4 |

Indicate any foreign languages you can speak, read and/or write:

| | | | |
|-------------|--------|-------|-------|
| | FLUENT | GOOD | FAIR |
| SPEAK _____ | _____ | _____ | _____ |
| READ _____ | _____ | _____ | _____ |
| WRITE _____ | _____ | _____ | _____ |

Describe any specialized training, apprenticeship, skills and extracurricular activities. Describe any honors you have received. State any additional information you feel may be helpful to us in considering your application.

EXPERIENCE AND SKILLS

Please place a check mark by any of the following activities in which you are qualified:

TECHNICAL

Nursing General Injections Instrument Sterilization
 Medical Lab Procedures Medical Terminology Medical Transcription
 Other _____

ADMINISTRATIVE

___ Billing ___ Bookkeeping ___ Collection Procedures ___ Appointment Setting
___ Posting ___ Reception ___ Stenography ___ Switchboard
___ Filing ___ Other _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status. We may contact employers listed unless you indicate those you do not want us to contact.

| | | | |
|----------------------|--------------------------|------------------------|----------|
| Company Name | Phone Number | Employed Dates/From-To | |
| _____ | _____ | _____ | |
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
| Job Title | Supervisor | Reason for Leaving | |
| _____ | _____ | _____ | |
| Starting Wage _____ | Ending Salary Wage _____ | | |
| Work Performed _____ | | | |
| _____ | | | |

May we contact this employer? () Yes () No If no, why? _____

| | | | |
|----------------------|--------------------------|------------------------|----------|
| Company Name | Phone Number | Employed Dates/From-To | |
| _____ | _____ | _____ | |
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
| Job Title | Supervisor | Reason for Leaving | |
| _____ | _____ | _____ | |
| Starting Wage _____ | Ending Salary Wage _____ | | |
| Work Performed _____ | | | |
| _____ | | | |

May we contact this employer? () Yes () No If no, why? _____

