

## Family Audiology Application for Employment

Family Audiology is an equal opportunity employer and does not discriminate on the basis of race, creed, religion, color, national origin, sex, age, handicap, veteran status, or any other category protected by law.

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a position will be interviewed.

Position applied for: \_\_\_\_\_

Referred by: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Availability (circle one): Full Time Part Time Temporary

If applying for less than full-time, what days and hours are you available?

\_\_\_\_\_

\_\_\_\_\_

If you were offered a position, when could you begin to work? \_\_\_\_\_

Are you legally eligible to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain. A conviction will not necessarily disqualify applicant from being hired.

\_\_\_\_\_

\_\_\_\_\_

Education:

Do you have a high school diploma or a GED certificate? Yes No

High School Name and Location:

\_\_\_\_\_

\_\_\_\_\_

Schools attended after high school or special training received: \_\_\_\_\_

Name	Location	Graduated (Y/N)	Type of Degree
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_____	_____	_____	_____
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Special qualifications, licenses, skills or languages:

\_\_\_\_\_

\_\_\_\_\_

List office machine and computer experiences:

\_\_\_\_\_

\_\_\_\_\_

Typing Speed (wpm) \_\_\_\_\_

Experience:

List your work history with your present or most recent job. Include military service and pertinent volunteer experience. Please list specific tasks and include supervisory, technical and other responsibilities. Give special attention to experience related to the job for which you are applying. Incomplete descriptions may impact whether you are selected for an interview. Attach additional sheets if necessary.

May we contact your present/most recent employer: Yes No

Employer Name, Address and Phone Number:

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Position(s) Held:

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From Mo/Yr: \_\_\_\_\_ To Mo/Yr: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

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Duties (be specific):

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Employer Name, Address and Phone Number:

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Position(s) Held:

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From Mo/Yr: \_\_\_\_\_ To Mo/Yr: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

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Duties (be specific):

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Employer Name, Address and Phone Number:

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Position(s) Held:

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From Mo/Yr: \_\_\_\_\_ To Mo/Yr: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

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Duties (be specific):

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Employer Name, Address and Phone Number:

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Position(s) Held:

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From Mo/Yr: \_\_\_\_\_ To Mo/Yr: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Duties (be specific):

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Summary of other pertinent work experience:

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Have you signed any restrictive covenants with any former employer? Yes No

It is the policy of Family Audiology to respect the legal right of third parties, including past and current employers of its job applicants. As a result, in order to be considered for a position with Family Audiology, Applicant represents and warrants to Family Audiology that except as set forth below, Applicant is not currently subject to any non-compete or other agreement that would prevent Applicant from taking a position with Family Audiology and/or restrict Applicant from performing duties of the position for which the Applicant is applying. (List all restrictive agreements below and attach copies.)

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I understand that this statement is being furnished solely for the purpose of allowing Family Audiology to consider me for employment, and that the lack of any restrictive agreements in no way guarantees that I will be hired by Family Audiology.

Please read carefully before signing the application:

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission that becomes known to Family Audiology will result in immediate termination of my employment.

I authorize the employers and supervisors listed in this application to give Family Audiology representatives any and all information regarding my previous employment and me. I understand that a criminal background check may be conducted. I release Family Audiology and all previous employers and supervisors from liability for any damages that may result from furnishing information to Family Audiology.

In consideration of my employment, I agree to conform to the instructions, rules, and policies of Family Audiology. I understand my employment can be terminated at any time, with or without cause and with or without notice, at the option of either Family Audiology or myself. I understand that no representative of Family Audiology has authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_