

**SLEEP MEDICINE INSTITUTE OF
TEXAS, PA
EMPLOYMENT APPLICATION**

An Equal Opportunity Employer

Last		First		Middle		Date
PRINT NAME						
Street & Number		City		State		Zip
PRESENT ADDRESS						
TELEPHONE NUMBER Home: _____ Work: _____ Ext. _____		E-MAIL ADDRESS Home: _____ Work: _____		ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST ANY PREVIOUS NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED:
POSITION DESIRED: (Please complete a separate application form for each position desired)			DATE AVAILABLE TO START EMPLOYMENT:		SALARY DESIRED:	
WHAT ARE YOUR QUALIFICATIONS FOR THIS TYPE OF WORK?						
TYPE OF EMPLOYMENT DESIRED: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>			ARE YOU WILLING TO WORK OVERTIME? Yes <input type="checkbox"/> No <input type="checkbox"/>			
HOW WERE YOU REFERRED TO THIS ORGANIZATION? <i>(Please be specific)</i>				LIST ANY RELATIVES OR ACQUAINTANCES EMPLOYED BY THIS ORGANIZATION:		
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE DATE(S) OF EMPLOYMENT:				IF HIRED, CAN YOU PRODUCE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU PLEADED GUILTY TO, A FELONY OFFENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN:						

EDUCATION

Schooling	Name of School	Location	Course of Study	Graduate?	List degrees, certification, or number of hours
High school or GED				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade or technical school				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or university				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business college or other college work				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Correspondence or evening courses				Yes <input type="checkbox"/> No <input type="checkbox"/>	

LIST ALL COMPUTER SOFTWARE SKILLS AND ANY PROFESSIONAL OR TECHNICAL LICENSES, CERTIFICATIONS, OR REGISTRATIONS YOU POSSESS:

WORK EXPERIENCE

LIST ALL FULL-TIME AND PART-TIME POSITIONS HELD FOR AT LEAST THE PAST 10 YEARS

NAME AND ADDRESS OF MOST RECENT EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	MONTHLY RATE OF PAY		SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:							
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary							
Reason for Leaving:							

WORK EXPERIENCE – CONTINUED

NAME AND ADDRESS OF PREVIOUS EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	MONTHLY RATE OF PAY		SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:							
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary							
Reason for Leaving:							
NAME AND ADDRESS OF PREVIOUS EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	MONTHLY RATE OF PAY		SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:							
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary							
Reason for Leaving:							
NAME AND ADDRESS OF PREVIOUS EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	MONTHLY RATE OF PAY		SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:							
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary							
Reason for Leaving:							

PROFESSIONAL REFERENCES

Name	Position/Relationship	Organization	Telephone
1.			
2.			
3.			
4.			

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I authorize **SLEEP MEDICINE INSTITUTE OF TEXAS, PA** to verify the accuracy of all information I have placed on this application and otherwise provided. I understand that should investigation disclose any such misrepresentations or falsification, my application will be rejected and I will be declared ineligible for employment or will be dismissed after appointment. I understand that **SLEEP MEDICINE INSTITUTE OF TEXAS, PA** is an equal opportunity employer and that employee selection is based solely on the personal qualifications of applicants and their previous performance. In the event of my employment with **SLEEP MEDICINE INSTITUTE OF TEXAS, PA**, I will comply with all rules, regulations, and policies set forth in the **SLEEP MEDICINE INSTITUTE OF TEXAS, PA** policy manual or other communications distributed by **SLEEP MEDICINE INSTITUTE OF TEXAS, PA**. I understand that nothing in this employment application, in **SLEEP MEDICINE INSTITUTE OF TEXAS, PA's** policy statements or personnel guidelines, or in my communications with **SLEEP MEDICINE INSTITUTE OF TEXAS, PA** is intended to create an employment contract between **SLEEP MEDICINE INSTITUTE OF TEXAS, PA** and me. I also understand that **SLEEP MEDICINE INSTITUTE OF TEXAS, PA** has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon **SLEEP MEDICINE INSTITUTE OF TEXAS, PA** unless it is made in writing and signed by **SLEEP MEDICINE INSTITUTE OF TEXAS** management. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and for any reason. I also understand that **SLEEP MEDICINE INSTITUTE OF TEXAS, PA** retains the right to terminate my employment at any time and for any reason.

My application will not be considered unless it is signed and all questions are answered. My signature will certify that I have read and that I understand all statements. If I am using electronic transmissions, the return of this completed application via electronic transmission will suffice as my signature as of the date sent.

Applicant Signature _____

Date _____