

# APPLICATION FOR EMPLOYMENT

## UROLOGIC SPECIALISTS OF OKLAHOMA, INC

**PERSONAL:**

**DATE** \_\_\_ / \_\_\_ / \_\_\_

Last Name:	First Name:	MI:
Street Address:	City:	State: Zip:
Telephone No:	Social Security no:	
<b>EMPLOYMENT DESIRED:</b>	Position	FT / PT
		Date Avail.
		Salary Desired

Have you ever applied to this office before?    Yes / No            When: \_\_\_\_\_

<b>EDUCATION:</b>	Name and location of Schools	List Degree and Year Received	Subjects Studied
HIGH SCHOOL			
COLLEGE/S			
TRADE, BUSINESS CORRES , SCHOOL			
Continuing education or special training (please specify) _____			

**EXPERIENCE:**            (Indicate the numbers of Years and/or Months)

# WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**PLEASE GIVE MONTH AND YEAR**

**DO NOT REFERENCE YOUR RESUME**

FROM	TO	EMPLOYER	CITY
PHONE NO.		POSITION	STARTING SALARY
SUPERVISOR		REASON FOR LEAVING	ENDING SALARY
DUTIES:			

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PHONE NO.		POSITION	STARTING SALARY
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PHONE NO.		POSITION	STARTING SALARY
SUPERVISOR		REASON FOR LEAVING	ENDING SALARY
DUTIES:			

If you worked in any of your previous positions under another name, please give that name(s) \_\_\_\_\_

Are you presently employed? (yes) \_\_\_\_\_ or (no) \_\_\_\_\_

If yes, may we contact your present employer? (yes) \_\_\_\_\_ or (no) \_\_\_\_\_

Have you ever been fired or asked to resign from a job? (yes) \_\_\_\_\_ or (no) \_\_\_\_\_ if yes, please explain.

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REFERENCES	Name, Address, and Phone No.	Business Name	Years Acquainted

**Have you ever been convicted of a crime?** (yes)\_\_\_\_\_ or (no)\_\_\_\_\_

If yes, please explain.  
(Use the back of this sheet if necessary.)

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**If you are applying for a position that requires licensure.**

Have you ever had your license surrendered or revoked? (yes)\_\_\_\_\_ or (no)\_\_\_\_\_

Has any disciplinary action been taken against your license, or have you been the subject of review by a professional licensing/regulatory agency? (yes)\_\_\_\_\_ or (no)\_\_\_\_\_

If yes, please explain. (Use the back of this sheet if necessary.)

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Use the space below to describe why you are interested in working for our medical practice, and to list those skills and abilities which you feel particularly qualify you for a position with us.

**AFFIDAVIT**

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by:		
Remarks		
References checked, date:		Neatness
Position:	Salary/Wages:	Employee record completed ____ / ____ / ____
Date Hired:	Will report to:	Projected Review Date ____ / ____ / ____
Approved:		____ / ____ / ____