

Application for Employment



Nevada State Board of Medical Examiners

Please Print

Position(s) Applied For _____ Date of Application ____/____/____

Name _____
Last First Middle

Address _____ Social Security Number _____

Telephone (____) _____
AREA CODE

Are you legally eligible for employment in this country? ___ YES ___ NO

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work: _____

Type of employment desired: ___ Full Time ___ Part-Time ___ Temporary ___ Seasonal

Are you able to meet the attendance and travel requirements of the position? ___ YES ___ NO

Have you been convicted of a felony or gross misdemeanor? ___ YES ___ NO

(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Driver's license number (if required by job) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From _____ To _____	Employer _____ Telephone (____) _____
Job Title _____	Address _____
Immediate Supervisor and Title _____	Summarize the nature of work performed and job responsibilities _____
Reason for leaving _____	Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____
From _____ To _____	Employer _____ Telephone (____) _____
Job Title _____	Address _____
Immediate Supervisor and Title _____	Summarize the nature of work performed and job responsibilities _____
Reason for leaving _____	Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____
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Reason for leaving _____	Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____

Skills and Qualifications

Summarize special skills, qualifications, licenses and certifications acquired from employment or other experiences that may qualify you for work with our company.

Educational Background

Name and Location	Years Completed	Did You Graduate?	Course of Study
High School			
College		Major Degree	
Other			

References

Name	Telephone	Years Known
	Area Code () -	
	Area Code () -	
	Area Code () -	

I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Please attach any relevant documents to this application.

Signature of Applicant _____ Date ____/____/____

AN EQUAL OPPORTUNITY EMPLOYER