

# 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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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 _____

## 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.

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## 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*