

### APPLICATION FOR EMPLOYMENT

Lakeshore Clinic (Company) is an equal opportunity employer dedicated to a policy of nondiscrimination based on race, creed, color, age, sex, religion, national origin, ancestry, disability or other protected status under state, federal or local equal opportunity laws. The Company will provide reasonable accommodation in the application or interviewing process. If you need a reasonable accommodation in the application or interviewing process, please contact the Human Resources Coordinator.

#### PERSONAL DATA

Date: \_\_\_\_\_

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Telephone (\_\_\_\_) \_\_\_\_\_ Soc Sec# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you at least 18 years of age? Y or N

Position Applied For \_\_\_\_\_ Salary Desired \_\_\_\_\_ Date Available \_\_\_\_\_

If you are not a U.S. Citizen, are you legally authorized to work here (explain) ? \_\_\_\_\_

#### EDUCATION

|                               | Name, City & State | Dates |    | Degree or Diploma | Major | Grade Average |
|-------------------------------|--------------------|-------|----|-------------------|-------|---------------|
|                               |                    | From  | To |                   |       |               |
| High School                   |                    |       |    |                   |       |               |
| College(s)                    |                    |       |    |                   |       |               |
| Other (Military / Vocational) |                    |       |    |                   |       |               |

#### REGISTRATION OR LICENSE(S)

If applicable

| Type | State | Number | Date of Expiration |
|------|-------|--------|--------------------|
|      |       |        |                    |
|      |       |        |                    |

#### BACKGROUND

Have you ever been convicted of a crime? Yes ? No ? If yes, please provide the date(s) and describe the nature of the conviction. A conviction will not necessarily disqualify you for employment. The Company will consider the seriousness and type of offense, its relationship to the position for which you are applying and the date of the conviction.

\_\_\_\_\_

\_\_\_\_\_

How were you referred to this organization? \_\_\_\_\_

Do you have any relatives working at Lakeshore Clinic? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Begin with most recent employment- Please use back of form if more space is needed.

| Dates From /To | Employer Name and Address | Job Title | Salary | Supervisor Name/Phone | Reason for Leaving |
|----------------|---------------------------|-----------|--------|-----------------------|--------------------|
|                |                           |           |        |                       |                    |
|                |                           |           |        |                       |                    |
|                |                           |           |        |                       |                    |
|                |                           |           |        |                       |                    |

If you have worked or obtained education under different names, please list.

**MILITARY DATA**

If Applicable

| Branch of Service | Dates |    | Rank    |       | Present Draft Classification | Reserve Status Active or Inactive |
|-------------------|-------|----|---------|-------|------------------------------|-----------------------------------|
|                   | From  | To | Initial | Final |                              |                                   |
|                   |       |    |         |       |                              |                                   |
|                   |       |    |         |       |                              |                                   |

Type of Duty & Special Training

**REFERENCES**

Or may attach separate list

| Name | Title/Occupation | Company/Address | Phone or E-mail Address |
|------|------------------|-----------------|-------------------------|
|      |                  |                 |                         |
|      |                  |                 |                         |
|      |                  |                 |                         |

**PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that Lakeshore Clinic maintains a smoke-free work environment, and strictly adheres to and enforces a non-smoking policy at all facilities.

**Accuracy/Verification of Information**

I promise that the information provided in this Application (and accompanying resume, if any) is true and complete, to the best of my knowledge, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any) I also authorize the Company to contact my references and past employers to obtain information concerning my past experiences, education and personal character.

I authorize any person, school, current employers, past employers(s), organizations, and agencies to provide the Company with relevant information and opinions that may be used in employment decisions. In consideration of the Company's review of this application, I release it and all providers of information from any liability as a result of furnishing and receiving this information.

**Conditions of Employment if Offered**

I understand that if I am employed by the Company and as a condition of my continued employment by the Company, I may be required to execute employee agreements with the Company regarding confidential information, conflicts of interest, HIPAA acknowledgements, and annual OSHA training acknowledgements.

I understand that this Application is not, and is not intended to be, a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time. I understand that the Company can change wages, benefits and working conditions at any time and agree that, if employed, I will comply with the Company's work rules.

I have read and understood this information.

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