

Smith Clinic

EMPLOYMENT HISTORY	Dates		Please list your last (3) employers, starting with the most recent, including military.
	From	To	
			Company: _____ Address: _____ City: _____ State/Zip: _____ Position Held: _____ Supervisor: _____ Phone #: _____ Rate of Pay: _____ Reason for Leaving: _____ May we check references? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Company: _____ Address: _____ City: _____ State/Zip: _____ Position Held: _____ Supervisor: _____ Phone #: _____ Rate of Pay: _____ Reason for Leaving: _____ May we check references? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Company: _____ Address: _____ City: _____ State/Zip: _____ Position Held: _____ Supervisor: _____ Phone #: _____ Rate of Pay: _____ Reason for Leaving: _____ May we check references? <input type="checkbox"/> YES <input type="checkbox"/> NO

Additional applicant information regarding experience, skills and training (optional)

Please read the following carefully and sign.  
 I understand that this application form and any written or verbal personnel policies furnished or explained to me by representatives of the Smith Clinic, do not constitute terms or conditions of an employment contract, and that my employment is for no definite term. I also have the right to terminate my employment at anytime, with or without cause, and I understand that the Smith Clinic reserves a similar right.

I hereby authorize the Smith Clinic to seek references in regards to my employment history, education, training and other related matters as may be necessary to make a sound employment decision, as determined by the Smith Clinic. Any false or misleading information given on this application or during an interview may be considered cause for a decision not to hire, or dismissal after employment.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_