



Callahan Podiatry

Daniel E. Callahan, D.P.M.

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**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

DATE:

Name _____
LAST FIRST MIDDLE MAIDEN

Present Address _____
NUMBER STREET CITY STATE ZIP

How long have you lived here? _____ Social Security Number _____ - _____ - _____

Telephone(____)____ - _____ Alternative Telephone(____)____ - _____

Position applied for _____ Salary desired _____ If under 18, please list age _____

How many hours can you work per week? _____ Can you work evenings? _____

Days/Hours available to work

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONDAY	TUESDAY	WEDNESDAY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
THURSDAY	FRIDAY	SATURDAY	SUNDAY

Employment Desired FULL-TIME PART-TIME FULL-OR PART-TIME When can you start? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business/Trade School				
Professional School				

Have you ever been convicted of a crime? YES NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you have a driver's license? YES NO

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ OPERATOR COMMERCIAL (CDL) CHAUFFEUR

Expiration date _____ Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

OFFICE USE ONLY			
Typing <input type="checkbox"/> YES <input type="checkbox"/> NO WPM _____	10-key <input type="checkbox"/> YES <input type="checkbox"/> NO	Word processing <input type="checkbox"/> YES <input type="checkbox"/> NO WPM _____	
Medical or billing software <input type="checkbox"/> YES <input type="checkbox"/> NO	What programs? _____		
Personal computer <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAC <input type="checkbox"/> PC			
Other skills _____			

Please list any references other than relatives or previous employers

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. _____

Have you ever been in the Armed Forces? YES NO

Are you in the National Guard? YES NO

Specialty _____ Date entered _____ Date discharged _____

Please list your work experience for the past ten years beginning with your most recent job held if you were self-employed, give firm name. Attach additional sheets if necessary.

Employer _____	Name of last supervisor _____
NUMBER _____ CITY _____ STATE _____ ZIP CODE _____	Employment dates, From: _____ To: _____
Reason for leaving (be specific) _____	Pay or salary, Start: _____ Final: _____
_____	Last job title: _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company _____	

Employer _____	Name of last supervisor _____
NUMBER _____ CITY _____ STATE _____ ZIP CODE _____	Employment dates, From: _____ To: _____
Reason for leaving (be specific) _____	Pay or salary, Start: _____ Final: _____
_____	Last job title: _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company _____	

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Reason for leaving (be specific)_____	Pay or salary, Start:_____ Final:_____
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company_____	

Employer_____	Name of last supervisor_____
NUMBER CITY STATE ZIP CODE	Employment dates, From:_____ To: _____
Reason for leaving (be specific)_____	Pay or salary, Start:_____ Final:_____
_____	Last job title:_____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company_____	

May we contact your current employer? YES NO

Did you complete this application yourself? YES NO

If not, who did?_____

Applicant Information Release

To: _____

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold (Your Business), any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

Applicant Information Release

To: _____

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Signed: _____

Date: _____

.....
: PLEASE READ CAREFULLY :
.....

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Callahan Podiatry, Inc, (hereinafter called “the Company”) I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Callahan Podiatry, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and Callahan Podiatry, Inc may end the employment relationship at any time without specified benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and furthermore that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank You for completing this application form and for your interest in our business.