209 W Main Street, Suite D
PO Box 873
Hallsville, Texas 75650
903-668-7462

HALLSVILLE MEDICAL CLINIC

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: $ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address:

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: ______________________________

Full Name: ______________________ Relationship: __________

Company: ______________________ Phone: __________

Address: ______________________________

Full Name: ______________________ Relationship: __________

Company: ______________________ Phone: __________

Address: ______________________________

Previous Employment

Company: ______________________ Phone: __________

Address: ______________________ Supervisor: __________

Job Title: __________ Starting Salary:$ __________ Ending Salary:$ __________

Responsibilities: ______________________________

From: __________ To: __________ Reason for Leaving: __________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______________________ Phone: __________

Address: ______________________ Supervisor: __________

Job Title: __________ Starting Salary:$ __________ Ending Salary:$ __________

Responsibilities: ______________________________

From: __________ To: __________ Reason for Leaving: __________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______________________ Phone: __________

Address: ______________________ Supervisor: __________

Job Title: __________ Starting Salary:$ __________ Ending Salary:$ __________

Responsibilities: ______________________________

From: __________ To: __________ Reason for Leaving: __________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____