

Ashley Clinic, LLC Application for Employment

505 S. Plummer
P.O. Box 946
Chanute, KS 66720
(620) 431-2500

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN, DISABILITY, OR MARITAL STATUS.

(PLEASE PRINT or COMPLETE ONLINE and PRINT)

PERSONAL INFORMATION			DATE _____		
NAME					
Last	First	Middle			
PRESENT ADDRESS					
Street	City	State	Zip		
PHONE NO.					
Day #	Evening #	Cell #			
Email Address:					
Referred By:					

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
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HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE: YES NO DATE _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

(CONTINUED ON BACK)

EMPLOYMENT HISTORY

List below your three most recent employers, starting with your present or last employer. List under company name any periods of unemployment. If you were employed under another name, please enter under the company name.

Company Name	Address & Phone	Mo./Yr.	Rate of Pay	Title of Job Held/Name of Supervisor	Reason for Leaving
		From To	Starting Final		
		From To	Starting Final		
		From To	Starting Final		

BUSINESS REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	How Acquainted	List Day and Evening Phone Numbers	Years Acquainted

PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of *Ashley Clinic, LLC* and that my employment and compensation can be terminated without cause, and without notice, at any time, at the option of either the company or myself. I understand that no manager, supervisor or representative of *Ashley Clinic, LLC* other than an Officer of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

First Interview Date: _____ Interviewed By: _____

Second Interview Date: _____ Interviewed By: _____

HIRED _____	FOR DEPT. _____	POSITION _____	WILL REPORT _____	SALARY WAGES _____
APPROVED: 1. _____	2. _____	3. _____		
ADMINISTRATOR	MANAGER	SUPERVISOR		

IN CASE OF EMERGENCY NOTIFY
 NAME _____ ADDRESS _____ PHONE NO. _____