



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, SEXUAL ORIENTATION OR MARITAL STATUS.

POSITION FOR WHICH YOU ARE APPLYING: _____

PLEASE WRITE CLEARLY, OR TYPE, AND ANSWER ALL QUESTIONS

Date: _____ Social Security No. _____
(Optional)

Name: _____
Last First Middle

Address: _____
Street, Apt # City State Zip Code

Telephone () _____ (Day) Message Number () _____

Email Address _____

Are you known to employers/references/schools by another name? If yes, name _____ No

Have you worked for Ashley Clinic before? If yes, dates _____ No

How did you hear about us? _____

Have you ever been convicted of a felony? Yes No **INFORMATION REGARDING CONVICTION RECORD WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT; INDIVIDUAL CIRCUMSTANCES WILL BE CONSIDERED RELATIVE TO THE JOB SOUGHT.**

Educational Background

	Institution and City, State	Degree or Certification Attained	Major Area of Study	Credit Hours of Academic Years Completed
High School/GED		High School/Ged transcript not required.		
College or University				
Graduate School				
Vocational, Technical, Business School				
Other Education				



Vocational Licenses/Registrations (Attach copy of documents)

Type	License/Registration Number	Issuing Authority	Issue Date	Expiration Date

Work Experience- List your last three employers or last three positions, starting with the most recent. Attach a Supplement to Employment Application or other pages if you want to include more positions.

Month & Year From: _____ To: _____	Name/Address of Employer	Reason for Leaving	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time Number of hrs/wk _____ Ending pay \$ _____ per _____
Title: _____ Duties _____			
List Computer Skills used in this Position _____			
Largest Number of People Supervised _____ Supervisor's Name: _____ Supervisor's Phone Number _____			
Month & Year From: _____ To: _____	Name/Address of Employer	Reason for Leaving	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time Number of hrs/wk _____ Ending pay \$ _____ per _____
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Title: _____ Duties _____			
List Computer Skills used in this Position _____			
Largest Number of People Supervised _____ Supervisor's Name: _____ Supervisor's Phone Number _____			



Other Employment: (Account for all employment in at least the last 10 years)

Name and Address of Company	Position Held	Employment Dates

Other Related Experiences: Please describe here any other related professional certifications, honors, special skills, qualifications, or experiences not mentioned elsewhere, i.e.; equipment and machine operated, etc.

Computer Skills (name software and hardware) _____

SUPPLEMENTAL WORK EXPERIENCE _____

References Include supervisors and person **we may contact** to verify your performance and qualifications

Name _____	Occupation _____	Mailing Address: _____
Your supervisor? Yes ___ No ___	Organization _____	Phone (day) _____
Name _____	Occupation _____	Mailing Address: _____
Your supervisor? Yes ___ No ___	Organization _____	Phone (day) _____
Name _____	Occupation _____	Mailing Address: _____
Your supervisor? Yes ___ No ___	Organization _____	Phone(day) _____

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

Initial Screening (Circle one): PASS / FAIL

First Interview Date: _____

Interviewed By: _____

Second Interview Date: _____

Interviewed By: _____

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.
