Employment Application

The Free Clinic of Greater Cleveland
12201 Euclid Ave.
Cleveland, Ohio 44106
(216) 721-4010

Name: _____ Social Security No: _____

Address: _____ _____

City/State/Zip: _____ TELEPHONE: (__) _____

Are you 18 or older? Yes No

Position Applied for: _____ Salary Requirement: _____

How did you hear of this opening? _____

Do you have any relatives who are employed by the Free Clinic? Yes No

Please specify _____

Have your ever been convicted of a felony? Yes No (If yes please explain) _____

EMPLOYMENT HISTORY *(Start with most recent)*

Current Employer: _____ _____

Address: _____ Telephone: (__) _____

Supervisor's Name and Title: _____

Starting Salary: _____ Final Salary: _____

Employment (Month/Year): From: _____ To: _____

Job Description: _____

Previous Employer: _____ Telephone: (___) _____

Address: _____

Supervisor's Name and Title: _____

Starting Salary: _____ Final Salary: _____ __

Employment (Month/Year): From: _____ To: _____

Job Description: _____

The Free Medical Clinic of Greater Cleveland is an equal opportunity employer and follows rules and regulations governing fair employment; the right to privacy; the right to treatment in confidence: and the rights of those with disabilities

EMPLOYMENT HISTORY (continued)

Previous Employer: _____

Address: _____

Supervisor's Name and Title: _____

Starting Salary: _____ Final Salary: _____

Employment (Month/Year): From _____ To: _____

Job Description: _____

_____

EDUCATION

High School	Name and Address		
Years Completed 1 2 3 4	Did You Graduate?	Course of Study	Degree Earned
College/ Vocational	Name and Address		
Years Completed 1 2 3 4	Did You Graduate?	Course of Study	Degree Earned

PROFESSIONAL LICENSE/CREDENTIALS

_____

_____

PROFESSIONAL REFERENCES (Do NOT include Relatives)

1. Name/Title _____ Telephone _____
   Organization _____ Address _____
2. Name/Title _____ Telephone _____
   Organization _____ Address _____
3 Name/Title _____ Telephone _____
   Organization _____ Address _____

I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I understand this application will be active for a period of one year, after that time, if I wish to be considered for employment, I must submit a new application. I understand that the employer will thoroughly investigate my work and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing 'this information. I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature: _____ Date: _____