



All applicants will be considered for employment without regards to race, religion, color, sex, national origin, age, marital or veteran status, disability, sexual orientation, gender identity, gender expression, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Address _____
No. Street City State Zip

Telephone No. _____

Referred by _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position _____ Full-time Part-time Date you can start _____ Salary desired _____

Are you employed now? Yes No If yes, may we contact your present employer? Yes No
 Have you ever been employed by Abilene Diagnostic Clinic? Yes No
 Do you have any relatives working for Abilene Diagnostic Clinic? Yes No

EDUCATION

	Name and location	Select last year completed	Did you graduate?	Subjects studied and degree(s) received.
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	Major: Degree:
Trade or Business School		1 2 3 4	Yes No	

GENERAL

Indicate special qualifications or skills.

Have you ever been convicted of a crime, excluding minor traffic offenses? Yes No
 If yes, please explain:

Conviction will NOT necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

PRIOR EMPLOYMENT (Start with most recent employer. MUST COMPLETE.)

Employer:	Phone:	From	To
Address:	Position:		
Duties:	Supervisor:		
	Starting Salary:		
	Final Salary:		
Reason for leaving			
Employer:	Phone:	From	To
Address:	Position:		
Duties:	Supervisor:		
	Starting Salary:		
	Final Salary:		
Reason for leaving			
Employer:	Phone:	From	To
Address:	Position:		
Duties:	Supervisor:		
	Starting Salary:		
	Final Salary:		
Reason for leaving			
Please account for periods of unemployment:			

MILITARY SERVICE

Branch of service	From	To	Rank & duties	Date discharged

PERSONAL REFERENCES (First and last name. MUST COMPLETE.)

Name	Address	Years known	Telephone

I hereby authorize "ADC" to investigate all facts contained in my application for employment and authorize the release of any information by my present and past employers and other references, which may be required for a reference check. I authorize my present and past employers and other references to give any information concerning my employment and any other pertinent information which they may have, personal or otherwise and release those parties and ADC from any liabilities or damages which may result from the furnishing of said information.

I certify that the facts listed in my application for employment are true and correct to the best of my knowledge, and I understand that any false information, misrepresentation or omission of facts shall be cause for rejection of this application or termination of employment. If employed, I understand that my employment will be on an at will basis, not for any definite period, and may be terminated by either party at any time for any reason.

Date: _____ Signature of applicant _____