

SOVSC EMPLOYMENT APPLICATION

Date of Application _____ Position Applied For _____

How did you hear of our job opening? _____

Name (first, middle initial and last) _____

Address _____

Email Address _____

Primary phone _____ Alternate Phone _____

Best time to call? _____ Are you at least 18 years of age? Yes No

May we contact you at work? Yes No If yes, Work Phone _____

Date Available to Start? _____ Desired wage? _____

Have you applied for a position at SOVSC previously? Yes No

Reasons for wanting this position _____

Are you legally eligible for employment in this country? Yes No

(Answering "yes" to these questions does not automatically prevent you from being hired.
Factors such as date of offense, seriousness of the crime and position applied for will be taken into account.)

Hours Available to Work Full-time for ___ hours/week Part-time for ___ hours/week

Please indicate any dates or times you are not available.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

REFERENCES (List 4 people not related to you)

NAME	PHONE NUMBERS	YEARS KNOWN	HOW THEY KNOW YOU

EDUCATIONAL BACKGROUND

School (include City & State)	# of years completed	Degree	Course of Study

SKILLS AND QUALIFICATIONS

- Microsoft
 Internet
 DVMax
 Lab Equipment
 X-ray
 Excel
 Word

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related function in this position.

EMPLOYMENT HISTORY

Please start with your most recent employer and provide the following information.

 Employer Employed from (date) to (date)

 Street Address City State Zip

Job Title _____ Wage – starting _____ ending _____

Supervisor _____ Telephone _____

Reason for leaving _____

Job Responsibilities _____

Employer _____ Employed from (date) _____ to (date) _____

Street Address _____ City _____ State _____ Zip _____

Job Title _____ Wage – starting _____ ending _____

Supervisor _____ Telephone _____

Reason for leaving _____

Job Responsibilities _____

Employer _____ Employed from (date) _____ to (date) _____

Street Address _____ City _____ State _____ Zip _____

Job Title _____ Wage – starting _____ ending _____

Supervisor _____ Telephone _____

Reason for leaving _____

Job Responsibilities _____

Employer _____ Employed from (date) _____ to (date) _____

Street Address _____ City _____ State _____ Zip _____

Job Title _____ Wage – starting _____ ending _____

Supervisor _____ Telephone _____

Reason for leaving _____

Job Responsibilities _____

Employer _____ Employed from (date) _____ to (date) _____

Street Address _____ City _____ State _____ Zip _____

Job Title _____ Wage – starting _____ ending _____

Supervisor _____ Telephone _____

Reason for leaving _____

Job Responsibilities _____

APPLICANT STATEMENT

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements I have made verified. I authorize the references listed and other individuals who you may contact to provide any and all information concerning my previous employment or any other pertinent information they may have. Furthermore, I release all parties and persons from any and all liability for damages that may result from furnishing such truthful information as well as from the disclosure of such information by the employer or any of its employees or representatives. I understand that SOVSC reserves the right to perform a background check prior to hiring. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, my dismissal from employment.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identify and legal authority to work in the United States.

**PLEASE DO NOT SIGN UNTIL YOU HAVE
READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing APPLICANT STATEMENT.

Applicant Signature _____ Date _____