



Office Management | Information Technology | Healthcare Solutions

Today's Date: _____ Birth Date: _____ SS# _____

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Home Phone (____) _____

Cell Phone (____) _____ Emergency Phone (____) _____

Emergency Name _____ Relation _____

Valid Driver's License? Yes _____ No _____ State _____ # _____ CDL Yes _____ No _____

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ (If so, verification required)

Are you still attending high school? _____

Do you have the required working papers? _____ (Needed on or before the first day of work)

Did we ever employ you? _____ If so, when? _____

How did you hear about the position you are applying for? _____

TYPE OF WORK DESIRED: Full Time: _____ Part Time: _____ Both: _____

IN WHAT AREA: Office: _____ Information Technology: _____ Healthcare: _____

Why do you feel you qualify for this/these jobs? _____

Do you know anyone who works for Dunson & Associates, Inc.? _____

How will you get to work? _____

If there is a day or time when you are definitely unavailable, please indicate here: _____

Have you ever been convicted of a crime? _____ If so, describe in full: _____

EDUCATION

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards,

Table with 5 columns: School, Name & Address, Years Completed, Did you Graduate?, Degree & Field. Rows include Elementary, High School, College, and Other.

Special accomplishments & acquired skills: _____

MILITARY SERVICE RECORD –

Were you in the U.S. Armed Forces ? Yes _____ No _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? Yes ___ No ___

If yes, explain _____

EMPLOYMENT HISTORY:

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ to: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ to: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ To: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

I HEREBY GIVE PERMISSION TO CONTACT THE EMPLOYERS LISTED ABOVE CONCERNING MY Prior Work Experience. Yes: _____ No: _____

If you do not want us to contact your present employer, please indicate here: _____

Please Read:

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I also understand that this application is not intended to be a contract of employment. Furthermore, this application does not obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative agencies, credit agencies, or bureaus of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative report that is made.

Professional References: (Not friends or relatives) 2 or 3

Name & Occupation	Address	Phone number