

# Menlo Medical Clinic

1300 Crane Street  
Menlo Park, CA 94025  
(650) 498-6500

## EMPLOYMENT APPLICATION

NAME & PERSONAL INFORMATION				
Name: _____		Date: _____		
(First)	(Middle Initial)	(Last)		
Address: _____		Social Security #: _____		
(Street)	(Apt #)			
_____		Phone: (____) _____		
(City)	(State)	(Zip Code)		
JOB POSITION INFORMATION				
Position Desired: _____		Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call/Irregular		
Date available for work? _____		Salary Expected: \$ _____		
Do you require any reasonable accommodations to perform your job (e.g. lifting limitations, etc)? _____				
_____				
How did you learn of this opening at the Menlo Clinic? _____				
If referred by an employee of the Clinic, please state their name(s): _____				
	Yes	No		
Are you available for some Saturday mornings, if needed?	___	___		
Are you available for some overtime, if needed?	___	___		
If under eighteen, can you submit a work permit?	___	___		
Can you submit verification of your legal right to work in U.S.?	___	___		
Have you been employed here before? (If yes; when _____)	___	___		
May we request references from your previous employers?	___	___		
Have you ever been convicted of a misdemeanor or felony in the last 7 years?	___	___		
If yes, state the nature of the crime(s), when and where convicted and disposition of the case:				
_____				
<i>(Conviction of a misdemeanor or felony will not necessarily disqualify you from employment. Such factors as time of the offense, seriousness and nature of the violation and rehabilitation will be considered.)</i>				
Do you have any friends or relatives working for Menlo Medical Clinic?		Yes ___	No ___	
If yes, state name(s): _____		Relationship: _____		
<i>(Having a friend or relative who works for Menlo Medical Clinic will not disqualify you from employment, but Menlo Medical Clinic may not place you in a direct supervisory or reporting relationship to a friend or relative.)</i>				
EDUCATION				
TYPE	NAME	LOCATION	MAJOR	DIPLOMA
High School				
College/University				
College/University				
Trade/Vocational				

Training, License, Registration, Certificates: \_\_\_\_\_

#s (if applicable): \_\_\_\_\_ Expiration Date(s) (if applicable): \_\_\_\_\_

Other relative skills, qualifications, or languages that are relevant to work at Menlo Medical Clinic: \_\_\_\_\_

**EXPERIENCE** Present or Most Recent Employer

1. Employer: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary Start \_\_\_\_\_ End \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title \_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
Phone:(\_\_\_\_\_) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary Start \_\_\_\_\_ End \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title \_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
Phone:(\_\_\_\_\_) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary Start \_\_\_\_\_ End \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title \_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
Phone:(\_\_\_\_\_) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary Start \_\_\_\_\_ End \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title \_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
Phone:(\_\_\_\_\_) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

It is Menlo Medical Clinic's policy to provide equal employment opportunity to all qualified persons without regard to race, age, color, gender, religion, national origin or disability.

I hereby certify that the facts set forth in this Employment Application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal.

You are hereby authorized to make any investigation of my prior educational and work history. I realize Menlo Medical Clinic has employment at will, and my position may be terminated at any time with or without cause.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_