

EMPLOYMENT APPLICATION  
**VENTURA COUNTY HEMATOLOGY-ONCOLOGY SPECIALISTS**

The Company is an Equal Opportunity Employer. Federal and State Law prohibits discrimination in employment practices because of race, religion, gender, national origin, age or disability. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment on the basis of the above.

DATE \_\_\_\_\_

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
PRESENT ADDRESS (Number and Street)			HOME PHONE
(City)	(State)	(Zip)	CELLULAR PHONE
JOB DESIRED			PAY DESIRED
FULL TIME	PARTTIME	(Specify Days, Hours)	EARLIEST DATE AVAILABLE

**MISCELLANEOUS INFORMATION** (Please answer all questions carefully)

Have you ever been convicted of a crime other than minor traffic violations? \_\_\_\_\_ If yes, explain.

\_\_\_\_\_

Are you related to anyone employed by us? \_\_\_\_\_ If yes, give relationship. \_\_\_\_\_

Have you ever resigned in lieu of being discharged by an employer? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

HIGH SCHOOL: Circle number of years completed      1      2      3      4  
 School \_\_\_\_\_ City, State \_\_\_\_\_  
 High School Diploma \_\_\_\_\_ Yes \_\_\_\_\_ No      GED \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Date \_\_\_\_\_

COLLEGE: Circle number of years completed      1      2      3      4  
 School \_\_\_\_\_ City, State \_\_\_\_\_  
 Major \_\_\_\_\_ Degree Earned \_\_\_\_\_ Date \_\_\_\_\_

GRADUATE SCHOOL: Circle number of years completed      1      2  
 School \_\_\_\_\_ City, State \_\_\_\_\_  
 Major \_\_\_\_\_ Degree Earned \_\_\_\_\_ Date \_\_\_\_\_

TECHNICAL EDUCATION, LICENSE & SPECIAL SKILL, explain \_\_\_\_\_  
 School \_\_\_\_\_ City, State \_\_\_\_\_  
 Date \_\_\_\_\_

List the Registration number and Expiration Date of any Professional, Technical or Occupational License you hold.

Do you type? \_\_\_\_\_ If yes, WPM \_\_\_\_\_ Do you use dictating machine? \_\_\_\_\_

What is your training in medical terminology? \_\_\_\_\_

List any office equipment you operate. \_\_\_\_\_

Computer experience \_\_\_\_\_

Indicate below any additional information which will assist us in the evaluation of your qualifications.

\_\_\_\_\_

\_\_\_\_\_

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**WORK EXPERIENCE RECORDS**

(List last employment first)

EMPLOYER	ADDRESS
SUPERVISOR (Name and Title)	YOUR JOB TITLE
DESCRIPTION OF DUTIES	FROM (MO/YR) TO (MO/YR)
	BASE RATE
	REASON FOR LEAVING
EMPLOYER	ADDRESS
SUPERVISOR (Name and Title)	YOUR JOB TITLE
DESCRIPTION OF DUTIES	FROM (MO/YR) TO (MO/YR)
	BASE RATE
	REASON FOR LEAVING
EMPLOYER	ADDRESS
SUPERVISOR (Name and Title)	YOUR JOB TITLE
DESCRIPTION OF DUTIES	FROM (MO/YR) TO (MO/YR)
	BASE RATE
	REASON FOR LEAVING

May we contact your present employer for a reference? \_\_\_\_\_

References: \_\_\_\_\_

Do you know at this time of any reason why you will be absent from work for one or more days at any time during the next twelve months? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant the Company permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or dismissal if discovered subsequent to my employment. I hereby grant permission to check my references and release recommendations to others in need of this information.

\_\_\_\_\_  
Signature of Applicant