



2121 NORTH 1700 WEST, LAYTON, UTAH 84041 (801) 773-4840

APPLICATION FOR EMPLOYMENT

Name	[REDACTED]			
Street Address				
City, State, Zip				
Telephone -		Telephone - Other		E-mail Address

Position Applied For		Alternate Position	
Date Available		Salary Desired	
FT/PT/Temp			

	Yes	No
Do you have relatives working for Tanner Clinic? – If yes, list names below:	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously worked for Tanner Clinic? – If yes, please describe below:	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to provide necessary documentation to establish your identity and your authorization to work in the U.S. under the Immigration Reform and Control Act of 1986?	<input type="checkbox"/>	<input type="checkbox"/>
Are you older than 18?	<input type="checkbox"/>	<input type="checkbox"/>
After a conditional offer of employment, are you willing to undergo a physical exam?	<input type="checkbox"/>	<input type="checkbox"/>
Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment, but are reviewed as related to relevancy).	<input type="checkbox"/>	<input type="checkbox"/>

Education:	School: Name and City	Course of Study	Last Year Completed	Did You Graduate?	Diploma/Degree
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> yes / <input type="checkbox"/> no	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> yes / <input type="checkbox"/> no	
Other			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> yes / <input type="checkbox"/> no	

Professional licenses/certifications:	State	Exp Date	Registration No.

Previous Employment Experience:

List name, address, & phone # of previous employers, most recent employer first. Include periods of unemployment.				
Job Title:	From:	To:	Supervisor:	Wage:
Employer Name:		Address:		
Duties:		Phone:		
Reason for Leaving:				
Job Title:	From:	To:	Supervisor:	Wage:
Employer Name:		Address:		
Duties:		Phone:		
Reason for Leaving:				
Job Title:	From:	To:	Supervisor:	Wage:
Employer Name:		Address:		
Duties:		Phone:		
Reason for Leaving:				

Professional References (work references that are not related to you):

Name	Title/Occupation	How Known	Years Known	Telephone #
1.				
2.				
3.				

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the employer or physician associated with the employer other than the Board of Directors has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named on this application (and the accompanying resume, if any) to provide any relevant information that may be required to arrive at my employment decision.

Tanner *Clinic* is an equal opportunity employer. Prospective employees will receive consideration without discrimination based upon race, color, religion, gender, age, marital status, national origin, disability, veteran status, genetic information or any other classification protected by law. Neither does Tanner *Clinic* discriminate against anyone who is associated with or related to a person who falls into any protected category.

Tanner *Clinic* is a drug-free workplace. Prospective applicants may be required to submit to a screen test for illegal drugs in connection with consideration for employment. A copy of Tanner *Clinic's* Drug and Alcohol Testing Policy is available for your review upon request. Applicants may also be required to submit to a pre-employment background screening and/or any other necessary screening to determine qualifications for a specific job.

Date _____ Signature _____ 7/1/2008