

**EMPLOYMENT APPLICATION
UNIVERSAL PHYSICIAN & TELEMEDICINE**

1206 W. FRONT VIEW # 202 • DODGE CITY, KS 67801
PHONE: 620-371-6134 FAX: 877-334-1352

NAME:

[Last]	[First]	[MI]
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ADDRESS:

[Street]	[Unit #]	
[City, State, Zip]	[Phone]	[Cell]

PERSONAL:

[Social Security]	[Citizenship]	[Work Permit]
[D. License #]		

POSITION APPLIED FOR:

	[Position]
[Date Available]	[Desired Salary]

WORK EXPERIENCE:

[Current Employer]	[Company/Institution Name]	[Dates]
[Street Address]	[City]	[State] [Zip]
[Current Supervisor]	[Phone]	[Email]
[Job Title]	[Responsibilities]	[Salary]
[Previous Employer]	[Company/Institution Name]	[Dates]
[Street Address]	[City]	[State] [Zip]
[Previous Supervisor]	[Phone]	[Email]
[Job Title]	[Responsibilities]	[Salary]

EDUCATION:

[High School]	[Institution Name]	[City, State]	[Dates]
[College]	[Institution Name]	[City, State]	[Dates]
[Other]	[Institution Name]	[City, State]	[Dates]

LANGUAGES:

[English]	[Spanish]	[Other]
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REFERENCES

[Name]	[Address]
[Relationship]	[Phone]
[Email]	
[Name]	[Address]
[Relationship]	[Phone]
[Email]	
[Name]	[Address]
[Relationship]	[Phone]
[Email]	

DISCLAIMER:

I certify that my answers are true and complete to the best of my knowledge.

I here by authorize and release UPT, its affiliates and successors to check my background and contact my previous and current employer representative for a reference.

If this application leads to employment, I understand that false and misleading information in my application or interview may result in my release.

Name: _____ Signature: _____ Date _____

Please Attach:

1. Copy of drivers license
2. Copy of social security card