



Career History Form

The purpose of this form is to gather important information on your background and history. You are not required to furnish any information that is prohibited by federal, state or local law.

Last name _____ First _____ Middle _____

Home address _____, City _____

State _____ Zip code _____ Area code + telephone no. (____) _____

Business address _____, City _____

State _____ Zip code _____ Area code + telephone no. (____) _____

Email: _____ Cell: (____) _____

Date: _____ Position applied for: _____ Earnings expected \$ _____

Part-Time / Full Time (please circle as appropriate)

If Part-Time, number of hours per week you wish to work: _____

Available Saturdays and Sunday: Yes / No (please circle as appropriate)

I. BUSINESS EXPERIENCE: (Please start with your present or most recent position)

A. Firm address _____, City _____

State _____ Zip code _____ Area code + telephone no. (____) _____

Nature of business: _____ Employed from: _____ (mm/yyyy) To: _____

Base Salary \$ _____

Bonus \$ _____

Other \$ _____

Title: _____

Total Initial compensation \$ _____ Total Final total compensation \$ _____

Supervisory responsibility _____

Name & title of immediate supervisor:

What (do/did) you like most about your job? _____

What (do/did) you least enjoy? _____

Reasons for leaving _____

B. Firm address _____, City _____

State ____ Zip code _____ Area code + telephone no. (____) _____

Nature of business: _____ Employed from: _____ (mm/yyyy) To: _____

Base Salary \$ _____

Bonus \$ _____

Other \$ _____

Title: _____

Total Initial compensation \$ _____

Total Final total compensation \$ _____

Supervisory responsibility _____

Name & title of immediate supervisor _____

What (do/did) you like most about your job? _____

What (do/did) you least enjoy? _____

Reasons for leaving _____

C. Firm address _____, City _____

State ____ Zip code _____ Area code + telephone no. (____) _____

Nature of business: _____ Employed from: _____ (mm/yyyy) To: _____

Base Salary \$ _____

Bonus \$ _____

Other \$ _____

Title: _____

Total Initial compensation \$ _____

Total Final total compensation \$ _____

Supervisory responsibility _____

Name & title of immediate supervisor _____

What (do/did) you like most about your job? _____

What (do/did) you least enjoy? _____

Reasons for leaving _____

For other positions held, please cut and paste sections above as needed. It is our policy to contact each employer for a detailed reference. Please indicate here any of the above employers you do not wish contacted:

II. MILITARY EXPERIENCE (if applicable):

If in service, indicate branch _____ Date (mm/yy) entered _____ Date (mo/yr) discharged _____

Nature of duties _____

Highest rank or grade Terminal rank or grade: _____

III. EDUCATION:

High School 1 2 3 4 College/Graduate School 1 2 3 4 5 6 7 8 (Circle highest grade completed)

High School

Name of High School _____ Location _____

Approximate number in graduating class _____ Rank from the top _____

Final grade point average _____ (A = _____)

Extracurricular activities _____

Offices, honors/awards _____

Part-time and summer work _____

College/Graduate School

Name & Location	From mm/yy	To mm/yy	Degree	Major	Grade Point Average	Total Credit Hours	Extracurricular Activities, Honors & Award
					(A=_____)		
					(A=_____)		
					(A=_____)		

What undergraduate courses did you like most? _____ Why? _____

What undergraduate courses did you like least? _____ Why? _____

How was your education financed? _____

Part-time and summer work: _____

Other courses, seminars, or studies: _____

IV. ACTIVITIES:

Membership in professional or job-relevant organizations (You may exclude groups that indicate race, color, religion, national origin, disability, or other protected status) _____

Publications, patents, inventions, professional licenses, or additional special honors or awards _____

What qualifications, abilities, and strong points will help you succeed in this job? _____

What are your weak points and areas for improvement? _____

V. CAREER NEEDS:

What are your career objectives? _____

VI. OTHER:

Do you have the legal right to work for any employer in the United States? Yes / No
Have you ever been convicted of a crime (other than a minor traffic violation)? Yes / No

If so, explain

Please note that it is Advanced Urgent Care policy to systematically carry out a background check on all prospective employees.

I certify that answers given in this Career History Form are true, accurate and complete to the best of my knowledge. I authorize investigation into all statements I have made on this Form as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my Career History Form or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature: _____

Date: _____

COMMUNICATION IS CRUCIAL TO SUCCESS, AND IT IS IMPORTANT THAT OUR CANDIDATES HAVE CLEAR AND CONCISE WRITING SKILLS. WE ASK THAT EVERY CANDIDATE HANDWRITE A BRIEF RESPONSE TO THIS QUESTION:

WHY ARE YOU CONSIDERING LEAVING YOUR CURRENT POSITION?