

# Family Footcare, PC Employment Application

Please fill out interactive form, print it out and fax to (248) 864-4400. This is a secured E-fax.

Date:  Last Name:  First Name:  MI

Address:  City:  State:  Zip:  EMail:

Telephone Home:  Telephone Cell:  SSN:

In case of emergency contact:  Relationship:  Phone:

Position(s) applying for:

- Front Desk
  Assistant
  Management
  Billing

Date Available:

Hours Expected:

Hourly Expected:

Education	Name of School	From	To	Degree
High School				
Technical School				
College				
Other				

Other training/skills applicable:

What are your best qualities?

What computer software are you proficient in?

- Microsoft Office
  Adobe Acrobat
  E Thomas
  Adobe Photoshop
  Adobe Illustrator

Other:

Employment History: Please list last 6 employments. Begin with most recent and account for periods of unemployment.

Name, Address, Phone, Supervisor of Employer	Job and Title Description	From	To	Hourly	Reason for Leaving

- I understand that any misrepresentation or omission by me on this application will result in cancellation of the application and , if already employed will be cause for immediate dismissal.
- If employed by Family Footcare, PC, I agree to comply with all it's policies and procedures.
- I authorize all employers to furnish to Family footcare, PC my employment records, and hereby release all parties from all liability for any damages arising there from.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_