

Maimonides Sleep Arts & Sciences, Ltd. Employment Application Form

PLEASE TYPE OR
PRINT CLEARLY ALL
INFORMATION
EXCEPT SIGNATURE

Submit completed application:

By mail:
Maimonides Sleep Arts & Sciences
6739 Academy NE, Ste 380
Albuquerque, NM 87109
By email: mporter@sleep-treatment.com
By FAX: (505) 998-7220

FOR OFFICE USE ONLY

Date received _____

Reviewed by _____

Date _____

Name _____
Last First MI Suffix

Address _____
Number Street City State ZIP

How long at current address? _____ Social Security No. _____

Home Phone _____ Other Phone _____

Are you under age 18? _____ YES _____ NO Email Address _____

If YES, can you provide proof of your eligibility to work? _____ YES _____ NO

Are you currently authorized to work in the United States? _____ YES _____ NO

Position(s) applied for and wage desired:

Days/hours available for work:

- (1) _____
- (2) _____
- (3) _____

No Pref. _____ Thu _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

Education

Type	Name	Location	Years Completed	Major/Degree
High School				
College				
Bus./Trade School				
Professional School				

Office Skills (if applicable)

<input type="checkbox"/> Typing _____ WPM <input type="checkbox"/> 10-key <input type="checkbox"/> Word Processing	<input type="checkbox"/> Medical Records <input type="checkbox"/> Electronic Medical Records <input type="checkbox"/> Personal Computer	Other Skills:
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Maimonides Sleep Arts & Sciences - Employment Application

Criminal background

Have you ever been convicted of a felony? _____YES _____NO

If YES, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

Do you have any problems with drugs or alcohol? _____YES _____NO

If YES, briefly describe the circumstances and how this problem was addressed.

Have you ever tested positive on a drug screen or test? _____YES _____NO

If YES, briefly describe the circumstances.

Have you ever been convicted of DWI for drugs or alcohol? _____YES _____NO

If YES, briefly describe the circumstances of the conviction(s) and how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

References

Please list three references other than relatives:

Name _____	Company _____
Position _____	Email _____
Address _____	Telephone _____
Name _____	Company _____
Position _____	Email _____
Address _____	Telephone _____
Name _____	Company _____
Position _____	Email _____
Address _____	Telephone _____

Signature of Applicant