

# Shafa Medical Clinic

# Job Application

202 East Earll Drive Suite 150  
Phoenix Arizona 85012

Phone 602-248-8258  
Fax 602-248-8259

## Personal Information

Last	First	MI	SSN#	Email		
Street Address		City	ST	Zip	Home Phone	Mobile
Are you entitled to work in the United States?			Are you 18 or older?		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years?					If yes, please explain:	
What position are you applying for?			How did you hear about this position?			
Expected Hourly Rate			Date Available			

## Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact						

## Education

	Name/Location	Last Year Complete				Degree	Major
High School		9	10	11	12		
College/University		1	2	3	4		

Trade School


Other

List any applicable special skills, training or proficiencies.

--

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date