



Laurette Medical Institute, Inc.

Contractor Application

PLEASE COMPLETE ALL FIELDS: DATE _____

Name _____
Last First Middle Maiden

Present address _____
Street Number City State Zip Code

Previous address _____
Street Number City State Zip Code

Telephone (____) _____ Social Security No. _____ - _____ - _____

Date of Birth _____ (MM/DD/YYYY) Email Address (required) _____

Are you authorized for Employment in the US? No Yes

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Please Be specific)

No Pref _____ Thur _____
 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 available for work? _____

How were you referred to our organization? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

HAVE YOU EVER BEEN DISCHARGED FROM A JOB(S) No Yes

If yes to either/both questions, please explain. _____

Person to Contact in Case of Emergency: Name/ Relation _____

Address/Phone Number _____

