



CONFIDENTIAL
Professional Profile (Please Print)

Name _____ Date _____

Phone (H) _____ (W) _____ (Cell/Pager) _____

Present Address _____

Email address _____ Social Security Number (SSN) _____

Recent/Current Employer _____ Current Salary/Rate _____ Desired Salary/Rate _____

Current Position _____ Reason for Leaving Last/Current Job _____

Position Applied For _____

Are you a United States Citizen? _____ If no, do you have authorization to work in the U.S.? _____

Would you be willing to accept a position which requires: pre-employment testing for the use of Alcohol or drugs? Yes _____ No _____
Background and Credit Check? Yes _____ No _____

EDUCATION

Name of School _____ Major/GPA _____ Graduated _____ Degree _____

High School _____ Y/N _____

Business/Trade _____ Y/N _____

College/Univ. _____ Y/N _____

Graduate/Professional _____ Y/N _____

WORK HISTORY
(SALARY WILL BE VERIFIED)
Begin with most recent position

Firm: _____ Address: _____

Supervisor: _____ Phone Number: _____ Nature of Business: _____

Dates Employed: _____ Ending Salary/Rate: _____

Position(s) held: _____ Reason For Leaving: _____

Firm: _____ Address: _____

Supervisor: _____ Phone Number: _____ Nature of Business: _____

Dates Employed: _____ Ending Salary/Rate: _____

Position(s) held: _____ Reason For Leaving: _____

Firm: _____ Address: _____

Supervisor: _____ Phone Number: _____ Nature of Business: _____

Dates Employed: _____ Ending Salary/Rate: _____

Position(s) held: _____ Reason For Leaving: _____

Salary Requirements? _____

What concerns do you have with your current job or company?

Current Salary? _____

Bonus? _____

When was your last review? _____

How much was your increase? _____

When is your next review? _____

What are you looking for in a new position and company?

Present Benefits: _____ Contrib./Mo. \$ _____

Medical Life Dental

401 (K) Profit Sharing Tuition Reimb.

Savings Pension Parking

Flex Time Vacation Other _____

References: Please furnish the names of at least three professional references who can attest to your skills and ability.

Name	Company Employed by/Job Title	Phone #	Peer or Supervisor	Yrs Known

How did you hear of this position and The Laureate Medical Group?

Please list any company you have contacted by mail or have interviewed with in the last 6 months.

The Laureate Medical Group is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, age, sex, sexual orientation, disability or veteran status.

I certify that my answers are true and complete to the best of my knowledge.

I hereby authorize **Laureate Medical Group** to verify and investigate my past employment, education, activities, and other background information that **Laureate Medical Group** deems necessary. This may include checking references, interviewing past employers, managers and co-workers, and obtaining education transcripts. I indemnify **Laureate Medical Group** against any liability as a result from making such investigation.

I understand that any false answer or statement on this application or any other required documents may result in denial of employment or discharge.

Signature _____ Date _____

OFFICE USE ONLY

Interviewer Comments: