

Application for Employment

It is the policy of this facility to provide equal opportunity persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Date	This application to be active for a period of _____ days only.
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Applicant Name (please give complete name)	Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No.	Home Phone
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Present Address(Include City, State & Zip)

Previous Address (If at present address less than 12 months)

Current Open Position(s) for which you are applying	Type of Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
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Are you available to work overtime? Weekends?	Salary Requirements	Date Available to Start Work
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Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No

Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you able to perform the essential, job related functions for the position for which you are applying with or without accommodations?
 Yes No Describe any accommodations necessary:

Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense?
 Yes No Arrest or charges that have been expunged need not be disclosed.
 If yes, give date, place and nature of each such charge.

How did you learn about this position?

Educational History

Type of School	Name of School City, State	Circle Last Year Attended in School	Degree or Certificate
High School/ GED		9 10 11 12 Graduated/GED? Yes No	
College		1 2 3 4 Graduated? Yes No	
Graduate School		1 2 3 4 Graduated? Yes No	
Other		1 2 3 4 Graduated? Yes No	

List any professional licenses, registration or certification you Possess (include Drivers License if applicable). <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Type</td> <td style="width: 15%;">State Issued</td> <td style="width: 15%;">Expiration Date</td> <td style="width: 15%;">Number</td> <td style="width: 40%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> </table>	Type	State Issued	Expiration Date	Number		_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____		Clerical or other skills applicable to the position for which you are Applying. <input type="checkbox"/> Typing (_____wpm) <input type="checkbox"/> PBX <input type="checkbox"/> Proficient in Software: _____ <input type="checkbox"/> Business Machines and/or equipment you can operate: _____ <input type="checkbox"/> Other: _____
Type	State Issued	Expiration Date	Number																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		

Employment History Please provide a minimum of the most recent 10 years employment history including any period of Unemployment. Attach additional pages if needed.

Current or most recent employer:

From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
Salary \$	Address	May we contact them?	Name while employed
Job Title	Other reference with employer		Reason for leaving
Nature of Duties			

First Previous Employer:

From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
Salary \$	Address	May we contact them?	Name while employed
Job Title			Reason for leaving
Nature of Duties			

From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
Salary \$	Address	May we contact them?	Name while employed
Job Title			Reason for leaving
Nature of Duties			

From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
Salary \$	Address	May we contact them?	Name while employed
Job Title			Reason for leaving
Nature of Duties			

Professional References (Other than Relatives)
Give two (2) references that have good knowledge of your work.

Name	Position	Address (include City/State)	Phone – Work/Home	# of Years Known

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made I understand that I will receive notice that such report has been requested and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- **I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.**
- **I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.**
- **Compliance with this facility's Substance Abuse Policy is a condition of employment. This facility requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with the facility policy. Continued employment is also contingent upon compliance with The Family Doctor's Alcohol and Drug Abuse Policy.**
- I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP WITH OR WITHOUT CAUSE, AND WITH OR WOTHOOR NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.

I have read and understand These conditions of employment.	Applicant Signature	Date Prepared:
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OFFICE USE ONLY		
<input type="checkbox"/> Referred to Department: _____	<input type="checkbox"/> Not Qualified for Opening	
<input type="checkbox"/> Recommended Employment	<input type="checkbox"/> Hold for Future Opening	<input type="checkbox"/> References Checked
Date: _____ By: _____		