

Integrated Medical Group

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this form. Please print, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____

Are you seeking: Full-time ___ Part-time ___ Temporary ___ employment?

When could you start work? _____

Name _____ Phone No. _____

Address _____

Are you 18 years of age or older? Yes _____ No _____

(If you are hired, you may be required to submit proof of age.)

Social Security Number _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes ___ No_

Have you ever applied here before? Yes/When _____ No _____

Were you ever employed here? Yes/When _____ No _____

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest". Exclude minor traffic violations.) Yes _____ No _____

If "Yes", give details _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying are also considered.)

EDUCATION

Please list name and address of schools, number of years completed, diploma/degree/certificate received.

High School or GED

College or University

Post Graduate

Vocational or Technical

SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by the Family and Medical and Leave Act.) _____

For DRIVING jobs ONLY:

Do you have a valid driver's license? Yes___ No___

Driver's License Number _____ Class of License _____

Have you ever had your driver's license suspended or revoked in the past 3 years?

Yes ___ No ___

If "Yes", give details. _____

OTHER

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and business references.

NOTE: A job offer may be contingent upon acceptable references from current and former employers.

NAME of Employer _____

Address _____

Telephone _____ Supervisor _____

Employment Period (Begin/End) _____

Title/Duties _____

Reason for leaving _____

NAME of Employer _____

Address _____

Telephone _____ Supervisor _____

Employment Period (Begin/End) _____

Title/Duties _____

Reason for leaving _____

WORK HISTORY (cont.)

NAME of Employer _____

Address _____

Telephone _____ Supervisor _____

Employment Period (Begin/End) _____

Title/Duties _____

Reason for leaving _____

NAME of Employer _____

Address _____

Telephone _____ Supervisor _____

Employment Period (Begin/End) _____

Title/Duties _____

Reason for leaving _____

REFERENCES

Are you presently employed? Yes _____ No _____

If "Yes", may we contact your employer? Yes _____ No _____

If "Yes", please give Name/Telephone:

Have you ever been fired from a job or asked to resign? Yes _____ No _____

Give three references, not relatives or former employers.

1. Name _____
Address _____
Telephone _____
2. Name _____
Address _____
Telephone _____
3. Name _____
Address _____
Telephone _____

Provide name of Integrated Medical Group, P.C. employees known by you:

Are you a smoker? Yes _____ No _____

AFFADAVIT

Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and without notice.

I have read, understand, and by signature consent to these statements.

Print Name

Signature

Date