



Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____		Date of application _____		
Referral Source	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Government Employment Agency		<input type="checkbox"/> Private Employment Agency	
	<input type="checkbox"/> Other _____			
Name of source (if applicable) _____				
Name _____				
	Last	First	Middle	(Maiden)
Address _____				
	Street	City	State	Zip
E-Mail Address: _____				
Social Security No. _____		Telephone (____) _____		Mobile/Beeper/Other Phone (____) _____

If necessary, best time to call you at home is _____ AM PM

May we contact you at work? Yes No If yes, work number and best time to call (____) _____ AM PM

Have you submitted an application with us before? Yes No If yes, give date(s) _____

Have you ever been employed here before? Yes No If yes, give date(s) _____

How did you hear of this position? craigslist.com newspaper friend other _____

Are you legally eligible for employment in this country? Yes No Date available? _____

What is your desired salary range? \$ _____ Per _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of this position? Yes No

Will you work overtime if required? Yes No Weekends? Yes No Evenings? Yes No

If no, please explain _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodations)? Yes No Need More information about essential functions to respond

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to or been convicted of a crime or are you under current investigation? Yes No

If yes, please provide date(s) and details _____

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information of your past and current employers, assignments or volunteer activities, (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE #	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
TYPE OF BUSINESS AND YOUR TITLE		Compensation (Starting) \$ PER	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING		Compensation (Final) \$ PER	What did you like most about your position?
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			What did you like least about your position?

EMPLOYER	TELEPHONE #	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			What did you like least about your position?

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

EMPLOYMENT HISTORY (continued)

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

SKILLS and QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Do you speak, read or write in any language other than English? Yes No

If yes, please describe: _____

EDUCATIONAL BACKGROUND

SCHOOL	Name and Address	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE DIPLOMA	MAJOR	MINOR
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vocational/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Healthcare			<input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are *not* related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER	NO. OF YEARS KNOWN

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider. _____

Applicant Statement

Please read carefully and then check each box to indicate that you have read and understand each statement below.

- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- I understand that any offer of employment may be contingent on passing a job-related test and/or satisfactory completion of a background examination including criminal and/or credit references.
- I expressly authorize, without reservation, Summit Family Practice, LLC., its representatives, employees or agents to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to SFP any and all letters, reports and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release SFP, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- I hereby authorize, without reservation, Summit Family Practice, LLC., its representatives, employees or agents to obtain information from all available credit references and credit bureaus and to otherwise verify the accuracy of all information and statements provided by me in this application, résumé or job interview.
- I understand that Summit Family Practice, LLC. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for only sixty (60) days. At the conclusion of that time, if I have not heard from Summit Family Practice, LLC and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between SFP and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either SFP or myself. I understand that no promises or representations contrary to the foregoing are binding on SFP unless made in writing and signed by me and SFP's legally designated representative.
- I understand that if hired I will be required to comply with all rules and regulations of Summit Family Practice, LLC. I understand that corporate benefits, rules and regulations may be changed, modified, deleted or added to by the corporation at any time at the company's sole option and without any prior notice.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.**

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT AND INDICATED SUCH BY CHECKING THE BOX BY EACH STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date: _____