

APPLICATION FOR EMPLOYMENT

A. PERSONAL

PLEASE PRINT

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	TELEPHONE NUMBER

B. JOB AND AVAILABILITY

JOB APPLIED FOR	WAGE EXPECTED	DATE AVAILABLE
STATUS PREFERRED: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PRN <input type="checkbox"/> HOURS AVAILABLE: ANY <input type="checkbox"/> MORNINGS <input type="checkbox"/> AFTERNOONS <input type="checkbox"/>		
HOW DID YOU HEAR ABOUT THIS POSITION: JOB FAIR <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER <input type="checkbox"/>		
HAVE YOU BEEN EMPLOYED HERE BEFORE? _____ DATES EMPLOYED: ____/____ TO ____/____ POSITION: _____ FRIENDS OR RELATIVES EMPLOYED HERE: _____		

B. EDUCATION: LIST ACADEMIC, VOCATIONAL OR PROFESSIONAL SCHOOLS ATTENDED

HIGH SCHOOL	CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
COLLEGE	CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
COLLEGE	CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
OTHER	CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE

JOB RELATED MILITARY EXPERIENCE: _____

CLERICAL SKILLS (WHERE RELATED TO POSITION SOUGHT): STATE KIND OF PROFICIENCY OF USE
 10-KEY _____ TYPE WPM _____ COMPUTER SKILLS _____

B. PROFESSIONAL/TECHNICAL SPECIALTIES

***IF YOU POSSESS ANY LICENSE (OTHER THAN A DRIVER'S LICENSE), CERTIFICATE OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION, COMPLETE THE FOLLOWING SECTIONS:**

TYPE OF LICENSE/CERTIFICATE	LICENSE NUMBER	EXPIRATION DATE	LICENSING BOARD
BOARD ELIGIBLE _____ DATE OF EXAM _____		NON-REGISTERED, NOT ELIGIBLE FOR REGISTRY EXAM _____	
HAVE YOU EVER HAD YOUR REGISTRATION OR LICENSE SUSPENDED OR REVOKED? _____ IF SO, GIVE FULL DETAILS: _____			
IF ACCEPTED FOR EMPLOYMENT, DO YOU AGREE TO MAINTAIN A CURRENT REGISTRATION/LICENSE IN THIS STATE AND TO INFORM THIS OFFICE IN WRITING OF ANY REVOCATION, SUSPENSION, OR VOLUNTARY TERMINATION OF REGISTRATION/LICENSE STATUS? _____			

NOTE: ALL APPLICANTS ARE SUBJECT TO DRUG SCREENING

B. EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER		JOB TITLE
DATES: FROM	TO	WORK PERFORMED
ADDRESS		
PHONE NUMBER	SUPERVISOR	REASON FOR LEAVING
SALARY STARTING \$	SALARY ENDING \$	

PRESENT OR LAST EMPLOYER		JOB TITLE
DATES: FROM	TO	WORK PERFORMED
ADDRESS		
PHONE NUMBER	SUPERVISOR	REASON FOR LEAVING
SALARY STARTING \$	SALARY ENDING \$	

PRESENT OR LAST EMPLOYER		JOB TITLE
DATES: FROM	TO	WORK PERFORMED
ADDRESS		
PHONE NUMBER	SUPERVISOR	REASON FOR LEAVING
SALARY STARTING \$	SALARY ENDING \$	

B. REFERENCES (OTHER THAN RELATIVES OR FORMER EMPLOYERS)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

Have you ever been convicted of, pleaded guilty or no contest to any crime (felony or misdemeanor)? _____

Have you ever entered a plea on deferred adjudication to any crime? _____

If answer is yes to one/both of these questions, state when, where and disposition of case: _____

***The existence of a criminal record is not necessarily a bar to employment.**

Make any comments you believe should be considered: _____

I certify that I have not been formally proposed for debarment, debarred, suspended or excluded nor am I otherwise ineligible for Federal program participation including, but not limited to such Federal programs and Federally-funded programs as Medicare, Medicaid and CHAMPUS. I certify that I have not been convicted of a crime that would qualify for the United States Department of Health and Human Services, Office of Inspector General's Cumulative Sanctions or the General Services Administration's List of Parties Excluded from Federal Programs.

I also certify that the information contained herein is a complete and truthful disclosure of my qualifications and work history. I have not withheld information that would adversely affect my application. I give permissions to this office to conduct a detailed reference check, including a criminal history check, and hereby realize this office from any liability in connection with its proper use of information obtained. In the interest of safety, I understand that I can not be offered employment with Pamela A. McQuillin, M.D., P.A. until I am found to be physically qualified for employment. I also understand that I am subject to drug screening at any time. If employed, I agree to be bound by the rules and policies of the office. I understand that omission of fact or falsification on this application is cause for immediate discharge.

SIGNATURE OF APPLICANT _____ DATE _____

PLEASE TYPE OR PRINT LEGIBLY

Name (Last, First, Middle)

Any other names under which you may have worked

Social Security Number

Date of Birth

PLEASE SIGN AND DATE ALL THREE (3) AUTHORIZATIONS

MY PRESENT EMPLOYER MAY BE CONTACTED FOR A JOB REFERENCE ____YES ____NO

Senate Bill 332 mandates that persons convicted of certain crimes may not be employed in most facilities providing care to the aged and disabled. Therefore, criminal history checks will be performed on all employees prior to an offer of regular employment.

I authorize any agency, educational institution, instructor, or former employers to provide any information they may have regarding me, whether or not it is on their records. I hereby release whatsoever for providing or obtaining same.

Signature of Applicant

Date

MY PAST EMPLOYER MAY BE CONTACTED FOR A JOB REFERENCE ____YES ____NO

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Signature of Applicant

Date

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Signature of Applicant

Date