

# APPLICATION FOR EMPLOYMENT FOR FAMILY PRACTICE OF GRAND ISLAND, PC

## An Equal Opportunity Employer

01/08/2019

*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.*

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **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.

### PERSONAL INFORMATION

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Present Street Address	City	State Zip Code
_____	_____	_____
Email Address	Social Security Number	Telephone Number
Are you 18 years of age or older?..... Yes ( ) No ( ) (If you are hired you may be required to submit proof of age.)		
Job Applied for _____	Today's Date _____	
Are you seeking: Full-time ( ) Part-time ( ) Temporary ( ) employment? When could you start work? _____		

Have you ever applied here before? ..... Yes ( ) No ( ) If yes, when? \_\_\_\_\_

Were you ever employed here? ..... Yes ( ) No ( ) If yes, when? \_\_\_\_\_

### EDUCATION

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma Degree Certificate	Subjects Studies
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
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? _____ _____			

**FORMER EMPLOYERS**

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 supply business references.

NAME OF EMPLOYER _____	JOB TITLE AND DUTIES _____
ADDRESS _____	DATE OF EMPLOYMENT: FROM: _____ TO: _____
CITY, STATE, ZIP CODE _____	PAY: START: \$ _____ FINAL: \$ _____
SUPERVISOR NAME _____ PHONE NO. _____	
DESCRIPTON OF WORK: _____	
REASON FOR LEAVING: _____	
MAY WE CONTACT THIS EMPLOYER? Y N	

NAME OF EMPLOYER _____	JOB TITLE AND DUTIES _____
ADDRESS _____	DATE OF EMPLOYMENT: FROM: _____ TO: _____
CITY, STATE, ZIP CODE _____	PAY: START: \$ _____ FINAL: \$ _____
SUPERVISOR NAME _____ PHONE NO. _____	
DESCRIPTON OF WORK: _____	
REASON FOR LEAVING: _____	
MAY WE CONTACT THIS EMPLOYER? Y N	

NAME OF EMPLOYER _____	JOB TITLE AND DUTIES _____
ADDRESS _____	DATE OF EMPLOYMENT: FROM: _____ TO: _____
CITY, STATE, ZIP CODE _____	PAY: START: \$ _____ FINAL: \$ _____
SUPERVISOR NAME _____ PHONE NO. _____	
DESCRIPTON OF WORK: _____	
REASON FOR LEAVING: _____	
MAY WE CONTACT THIS EMPLOYER? Y N	

Have you worked under any other name?..... [ ] yes [ ] no

If yes, please give name(s)..... \_\_\_\_\_

Are you presently employed?..... [ ] yes [ ] no

If yes, may we contact your present employer?..... [ ] yes [ ] no

**REFERENCES**

Below, give the names of three persons you are not related to, whom you have known at least one year.  
**Please include at least 1 professional reference.**

	<b>NAME</b>	<b>ADDRESS</b>	<b>BUSINESS</b>	<b>TITLE OR POSITION</b>	<b>PHONE NO.</b>	<b>YRS KNOWN</b>
1						
2						
3						

**SERVICE RECORD**

<b>BRANCH OF SERVICE</b>	<b>DISCHARGE DATE</b>

**AUTHORIZATION**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

**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 MAYBE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>NOTES:</b>          
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