



# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please print or type. Application must be fully completed to be considered. We consider applicants for all positions without regard to race, color, religion, national origin, gender, sexual orientation, age, disability, marital or veteran status, or any other legally protected status. We are an Equal Opportunity Employer and are committed to excellence through diversity.

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
Phone Number		Email Address		
Social Security Number		Have you previously worked under any other name? If so, please list:		
Are you 18 years or older?		Are you eligible to work in the United States?		
Yes	No	Yes	No	
POSITION				
Position Applied For		Date of Application		
Available Start Date		Desired Pay		
Employment Desired				
Full Time	Part Time		Seasonal/Temporary	
Have you ever applied for employment with Family Practice of Grand Island?				
Yes (If yes, when?)		No		
Have you previously worked for Family Practice of Grand Island?				
Yes (If yes, when?)		No		
EDUCATION				
School Name	Location	Years Attended	Degree Received	Major
LICENSURES OR CERTIFICATIONS				
Please list other training, licensures, or certifications held as it relates to the position you are applying.				

## EMPLOYMENT HISTORY

Please list your last three employers, beginning with the most recent employment first.

Name of Employer		City/State/Zip		Position Held	
Start Date	End Date	Start Date	End Date		
Description of Duties:					
Reason for Leaving:					
May we contact this employer?		Yes		No	

Name of Employer		City/State/Zip		Position Held	
Start Date	End Date	Start Date	End Date		
Description of Duties:					
Reason for Leaving:					
May we contact this employer?		Yes		No	

Name of Employer		City/State/Zip		Position Held	
Start Date	End Date	Start Date	End Date		
Description of Duties:					
Reason for Leaving:					
May we contact this employer?		Yes		No	

Please list and explain any gaps in employment.

RELEVANT SKILLS AND ABILITIES	
Please list any relevant skills, abilities as it relates to the position you are applying.	

## PROFESSIONAL REFERENCES

Please provide 3 professional references (not relatives) who are qualified to evaluate your professional capabilities.

Name	Relationship	Title	Company	Phone Number

## SERVICE RECORD

Branch of Service	Discharge Date

## AUTHORIZATION AND SIGNATURE

I certify that the information given by me in this application are true and complete to the best of my knowledge. I understand that any false information, omissions, or misrepresentations discovered on this application or throughout the interview process will disqualify me from further consideration, and if hired, will constitute grounds for immediate 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 may be terminated at any time, with or without cause and with or without notice.

**My signature below represents that I have read, understand, and consent to these statements.**

Applicant Name (Printed)	Applicant Signature	Date