



# Application for Employment

Family MedCenters, P.A.  
An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, marital or veteran status, medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied for:			Date of Application:
Last Name	First Name	M.I.	Social Security Number
Address/P.O. Box		City	State/Zip Code
Home/Cellular Phone Number(s)			E-mail Address
/			

If under 18 years of age, can you provide required proof of your eligibility to work?      Yes       No

Are you a veteran of the armed forces?      Yes       No

Do you have a valid Driver's License?      Yes       No

Are you legally eligible for employment in this country?  
*(Proof of citizenship or the right to work in the U.S. will be required upon employment.)*      Yes       No

Have you ever been convicted of a crime? (Do not include arrests or non-convictions)  
*Conviction will not necessarily disqualify an applicant from employment. If yes, please list all convictions, including misdemeanors and/or felonies in the space provided below.*      Yes       No

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\_\_\_\_\_

\_\_\_\_\_

## Education

	High School	College/University	Graduate/Professional
School Name & Location:			
Years Attended:			
Diploma/Degree & Course of Study:			
Please List Honors Received Here:			

# Employment Experience

Please complete the information below, beginning with your present or most recent job.

1.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From (mm/dd/yyyy)	To (mm/dd/yyyy)	May we contact your previous supervisor?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for Leaving			

2.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From (mm/dd/yyyy)	To (mm/dd/yyyy)	May we contact your previous supervisor?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for Leaving			

3.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From (mm/dd/yyyy)	To (mm/dd/yyyy)	May we contact your previous supervisor?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for Leaving			

# Military Service

Please complete the below section only if applicable, if not applicable please move on to the next section.

Branch	From (mm/dd/yyyy)	To (mm/dd/yyyy)
Rank at Discharge	Type of Discharge	
If other than honorable, please explain		

Please describe any specialized training, apprenticeship, skills, and/or extracurricular activities including workshops, short courses, and/or certificates:

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## Applicant's Statement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Family MedCenters, P.A. to verify their accuracy and to obtain reference information on my work performance. I hereby release Family MedCenters, P.A. from any/all liability of whatever kind of nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application may be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer (Family MedCenters, P.A.). However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer (Family MedCenters, P.A.) may terminate my employment at any time with or without notice or cause.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Completed