

**EMPLOYMENT APPLICATION**

Name \_\_\_\_\_ Social Security No. (last four digits) \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Previous Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How were you referred to Slocum-Dickson Medical Group, P.L.L.C. \_\_\_\_\_

Do you have any relatives working for this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

Department \_\_\_\_\_

Have you ever been employed by this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Position \_\_\_\_\_ Department \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do you have a legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, state your age \_\_\_\_\_

Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from \_\_\_\_\_ to \_\_\_\_\_

Branch of service \_\_\_\_\_ Highest rank obtained \_\_\_\_\_

Position Applied For \_\_\_\_\_

Date available for employment \_\_\_\_\_

Would you accept another position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the type of job you would accept \_\_\_\_\_

Indicate Applicable Work Skills:

Typing \_\_\_\_\_ WPM Shorthand \_\_\_\_\_ WPM

Microsoft Office Suite: Word \_\_\_\_\_ Excel \_\_\_\_\_ Powerpoint \_\_\_\_\_ Access \_\_\_\_\_ Outlook \_\_\_\_\_

Are you applying for: \_\_\_\_\_ full time \_\_\_\_\_ part time \_\_\_\_\_ permanent \_\_\_\_\_ temporary

School: Name and Address	Course of Study	Circle last year completed	Did you graduate?	Diploma/Degree
High School		1 2 3 4		
College		1 2 3 4		
College		1 2 3 4		
Technical, Business or Professional		1 2 3 4		

PERSONAL INFORMATION

EDUCATION

## PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE	EXP. DATE	REGISTRATION NO.

Please list all names, address, and telephone number of previous employers, with most recent employer first. Periods of unemployment should be included.	FROM	TO	IMMEDIATE SUPERVISOR
--	------	----	----------------------

Job Title \_\_\_\_\_  
 Employer Name, Address & Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Please list all names, address, and telephone number of previous employers, with most recent employer first. Periods of unemployment should be included.	FROM	TO	IMMEDIATE SUPERVISOR
--	------	----	----------------------

Job Title \_\_\_\_\_  
 Employer Name, Address & Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Please list all names, address, and telephone number of previous employers, with most recent employer first. Periods of unemployment should be included.	FROM	TO	IMMEDIATE SUPERVISOR
--	------	----	----------------------

Job Title \_\_\_\_\_  
 Employer Name, Address & Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

May we run an employment check from the employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has notice been given to present employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are any of your academic or work history records listed in a previous name? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_

Please list references (not relatives) to contact who are acquainted with your work history. Please provide at least ONE professional reference.

Name	Title/Occupation	Company/Address	Telephone Number

The undersigned authorizes the Group, at the time of my application for employment, or during the course of my employment, to obtain information from any source as to my education, experience, competence, or character, as it relates to the position for which I have applied or in which I may be employed. I agree not to assert any claims or causes of action of any kind against the Group, its agents, its employees, or any individual contacted by the Group as part of its investigation. I further release and forever discharge the Group, its agents, its employees, and the and the individuals, and companies contacted by the Group as part of its investigation from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever arising from the Group's verification of the information contained in this Application.

I certify that the information in this Application is true, complete, and correct to the best of my knowledge and belief. I understand and acknowledge that any falsification or omission of information may cause my immediate dismissal or rejection of this Application. I also understand and acknowledge that should the Group extend an offer of employment, I will require to submit to a medical examination and pre-employment drug screen testing to determine my fitness for employment and that the offer of employment will be conditioned on the results of said medical examination. I also understand and acknowledge that during the course of my employment I may be required to submit to subsequent medical examinations and drug test screening that are job related and consistent with business necessity.

I further understand and acknowledge that in the event I am employed, such employment is at will. Neither I nor the Group have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate agreement subscribed to in writing by the Group and my self.

Date \_\_\_\_\_ Signature \_\_\_\_\_

PREVIOUS EXPERIENCE

REFERENCES