R FAMILY MEDICAL GROUP EMPLOYMENT APPLICATION

Effective 09/24/2015

An Equal Opportunity Employer

.						26'11		-		
Last PRINT		First			Middle			D	ate	
NAME										
Street & Num	ber		City			State		Zip		
PRESENT ADDRESS										
TELEPHONE NUMBER		E-MAIL ADDRES	S	A	RE YO	U AT LEAST	LIST ANY	Y PREVIOUS N	AMES UNDER	
Home:		Home:				S OF AGE?	WHICH Y	OU HAVE BEI	EN EMPLOYED:	
Work: Ext.		Work:			YES	∐ NO				
POSITION DESIRED: (Plea	POSITION DESIRED: (Please complete a separate DATE AVAILABLE TO START SALARY DESIRED:									
application form for each posi-				OYMENT:			571121111	MIMIT DEGINERS.		
WHAT ARE YOUR QUALI	FICATION	S EOR THIS TVPE	OF WORK	ري						
WINT ME TOOK QUALI	i i chi i chi	3101 11113 1111	or works	. ;						
TYPE OF						ARE YOU				
EMPLOYMENT	Full-Time	Part-Tim	ne	Tempora	ıry	WILLING TO WORK	О	Yes	No	
DESIRED:	Ш					OVERTIME	?	Ш	Ш	
HOW WERE YOU REFERE	RED TO TH	HS ORGANIZATI	ON? (Please i	be specific)				CQUAINTANC	ES EMPLOYED	
					BY	THIS ORGANI	ZATION:			
HAVE YOU EVER BEEN I	EMPLOYEI	D BY THIS ORGA	NIZATION	?	IF H	IRED, CAN Y	OU PRODU	JCE DOCUMEN	NTATION	
☐ Yes ☐ No IF YES, GIVE DATE(S) OF EMPLOYMENT:				EST.	ESTABLISHING YOUR IDENTITY AND YOUR LEGAL					
RIGHT TO WORK IN THE UNITED STATES? Yes						S? Yes No				
HAVE VOUEVED DEEN (СОМИЛСТЕ	D OE OB HAVE	VOLUDI E AL	DED CIIII	TVTO	A EELONY (AEEENICES			
HAVE YOU EVER BEEN (☐ Yes ☐ No IF YES, PL			IOU PLEAI	DED GUII	L11 10	, A FELONI (JELENSE!			
EDUCATION										
						_			List degrees,	
Schooling		Name of Scho	ool	Locati	ion	Course of	f Study	Graduate?	certification, or number of hours	
									number of nours	
High school or GED								Yes 🗌 No 🗌		
Trade or technical school								Yes 🗌 No 🔲		
College or university								Yes 🗌 No 🔲		
Business college or other college	work							Yes 🗌 No 🔲		
Correspondence or evening cour	eses							Yes 🗌 No 🔲		
LIST ALL COMPUTER SOFT	WARE SKILI	S AND ANY PROFE	ESSIONAL O	R TECHNIC	CAL LIC	ENSES, CERTIF	ICATIONS, 0	OR REGISTRATIO	ONS YOU POSSESS:	

WORK EXPERIENCE

LIST ALL FULL-TIME AND PART-TIME POSITIONS HELD FOR AT LEAST THE PAST 10 YEARS

NAME AND ADDRESS OF	DATES OF		IOB TITLE	MONTHLY RATE		SUPERVISOR'S NAME &	MAY, WE
MOST RECENT EMPLOYER	EMPLO	YMENT	JOB IIILE	OF:	PAY	PHONE	CONTACT?
	FROM	TO		Start	End		Yes
	Mo/Yr	Mo/Yr					

					No	
Describe Duties:					, —	
☐ Full-Time ☐ Part-Tin	ne Temporary					
Reason for Leaving:						
WORK EXPERIENCE - C	ONTINUED					
NAME AND ADDRESS OF	DATES OF	JOB TITLE	MONTHLY RATE	SUPERVISOR'S NAME &	MAY, WE	
PREVIOUS EMPLOYER	EMPLOYMENT FROM TO		OF PAY Start End	PHONE	CONTACT? Yes	
	Mo/Yr Mo/Yr					
					☐ No	
Describe Duties:						
Full-Time Part-Tim	ne Temporary					
Reason for Leaving: NAME AND ADDRESS OF	DATES OF		MONTHINADATE	SUPERVISOR'S NAME &	MAY, WE	
PREVIOUS EMPLOYER	EMPLOYMENT	JOB TITLE	MONTHLY RATE OF PAY	PHONE	CONTACT?	
	FROM TO		Start End		Yes	
	Mo/Yr Mo/Yr					
Describe Duties:					No	
☐ Full-Time ☐ Part-Tin	☐ T					
Reason for Leaving:	ne Temporary					
NAME AND ADDRESS OF	DATES OF	JOB TITLE	MONTHLY RATE	SUPERVISOR'S NAME &	MAY, WE	
PREVIOUS EMPLOYER	EMPLOYMENT FROM TO	JOB IIILL	OF PAY Start End	PHONE	CONTACT?	
	Mo/Yr Mo/Yr		Start			
Describe Duties:					□ No	
☐ Full-Time ☐ Part-Time ☐ Temporary						
Reason for Leaving:						

PROFESSIONAL REFERENCES

Name	Position/Relationship	Organization	Telephone
1.			
2.			
3.			
4.			

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	give you any and all information concernir ties from liability for any damage that may	ng my previous employment and any pertin result from furnishing same to you.	nent information they may have,
my knowledge and belief. I authorize provided. I understand that should in ineligible for employment or will be demployee selection is based solely on the Medical Group, I will comply with a distributed by R Family Medical Group and me. I also understand that regarding employment have been made in writing and signed by R Family Medical Group and me. I also understand that regarding employment have been made in writing and signed by R Family Medical Group and me. I also understand that regarding employment have been made in writing and signed by R Family Medical Group and me.	R Family Medical Group to verify the vestigation disclose any such misrepresent dismissed after appointment. I understangular rules, regulations, and policies set for roup. I understand that nothing in this communications with R Family Medical Group R Family Medical Group has the right to me, and I understand that no such producal Group management. I understand the	fication and that the information given by the accuracy of all information I have plantations or falsification; my application and that R Family Medical Group is an and their previous performance. In the event hin the R Family Medical Group potent application, in R Family Medical group potent application, in R Family Medical group potent in the modify its policies without giving me a somise or guarantee is binding upon R Fa that if an employment relationship is establedical Group retains the right to terminal	iced on this application and otherwise will be rejected and I will be declared a equal opportunity employer and that ent of my employment with R Family policy manual or other communications Medical Group's policy statements or contract between R Family Medical my notice of the changes. No promises amily Medical Group unless it is made plished, I have the right to terminate my
		answered. My signature will certify that application via electronic transmission wil	
Applicant Signature		Date	