Family Medical Center
OF HART COUNTY

Application for Employment

Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____/_____/_____

Name _____ Social Security # _____-_____-_____
Last First Middle

Address _____
Street City State Zip Code

Telephone # ( ) _____ Mobile/Beeper/Other # ( ) _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

Are you 18 years or older? ☐ Yes ☐ No If you are bilingual, what languages do you speak, read or write? _____

Date available for work _____/_____/_____ What is your desired salary range? $_____

Type of employment desired ☐ Full-Time ☐ Part-Time Number of hours available per week _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No; if **yes,** please provide date(s) and details. _____

Employment History

Starting with your most recent employer, provide the following information.

Employer Telephone

Street Address City State

Starting job title/final job title Your last name while employed

Immediate supervisor and title (for most recent position held) May we contact for reference?
☐ Yes ☐ No ☐ Later

Why did you leave?

Dates employed Salary when hired Salary at time of separation
_____/_____/_____ to _____/_____/_____ $ _____ hourly/annually $ _____ hourly/annually

Employer Telephone

Street Address City State

Starting job title/final job title Your last name while employed

Immediate supervisor and title (for most recent position held) May we contact for reference?
☐ Yes ☐ No ☐ Later

Why did you leave?

Dates employed Salary when hired Salary at time of separation
_____/_____/_____ to _____/_____/_____ $ _____ hourly/annually $ _____ hourly/annually

Employer Telephone

Street Address City State

Starting job title/final job title Your last name while employed

Immediate supervisor and title (for most recent position held) May we contact for reference?
☐ Yes ☐ No ☐ Later

Why did you leave?

Dates employed Salary when hired Salary at time of separation

_____/_____/_____ to _____/_____/_____ $ _____ hourly/annually $ _____ hourly/annually

Skills and Qualifications

Medical Certificates or Licenses
List all relevant certificates of licenses (RN, LPN, X-Ray, Lab Technician, Phlebotomist, ART, Other)

_____ License # _____ Date Earned _____ State Issued _____

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Computer Skills
(Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing _____ Years: _____ ☐ E-mail _____ Years: _____

☐ Spreadsheet _____ Years:_____ ☐ Internet_____ Years: _____

☐ Presentation _____ Years: _____ ☐ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City & State)	Years Completed	Completed	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____	
School (Include City & State)	Years Completed	Completed	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____	
School (Include City & State)	Years Completed	Completed	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____	
School (Include City & State)	Years Completed	Completed	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____	

References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that drug testing may be required before and during my employment here, if hired.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hire, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____/_____/_____