



Application for Employment

Thank you for your interest in employment with Obstetrical & Gynecological Associates, PLC. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, disability, sexual orientation, disabled veterans, veterans, and any other protected class as required by local, state, or federal law. We seek applicants for employment who are dedicated, hardworking and seeking fulfilling employment. In return Obstetrical & Gynecological Associates offers competitive income, an excellent work environment and the opportunity to grow with the company. If you are selected for employment with Obstetrical & Gynecological Associates, you will also be hired simultaneously by Merit Resources, Inc. as your co-employer. Obstetrical & Gynecological Associates is your employer for the purposes of managing the day to day operations of the clinic and the employees.

GENERAL INFORMATION: (Please type or print legibly in ink)

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: (Street, P.O. Box, Apt. #) _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (Inc. area code) _____ ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? (check) YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? YES NO
(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. IF YES, WHEN, WHAT AND WHERE? _____)

WERE YOU REFERRED BY AN OB/GYN EMPLOYEE? YES NO IF YES, WHO? _____

DO YOU HAVE ANY RELATIVES WHO WORK FOR OB/GYN? YES NO IF YES, WHO? _____

EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE: (Be specific) _____ I AM AVAILABLE TO WORK: (Check all applicable)
 FULL TIME PART TIME TEMPORARY WEEKDAYS WEEKENDS
 MORNINGS AFTERNOONS EVENINGS NIGHTS

DATE AVAILABLE: _____ EXPECTED COMPENSATION: _____ ARE YOU AT LEAST 18 YEARS OLD? YES NO

EDUCATION: (High School, College, Trade Schools, and Other Education)

HIGHEST LEVEL OF EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____

SECOND HIGHEST LEVEL OF EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____

OTHER EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYMENT HISTORY: (List most recent first, then preceding; include any military service)

1. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include promotions and advancements)

2. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include promotions and advancements)

3. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include promotions and advancements)

BUSINESS REFERENCES: (List two non-relative business references whom you have known for at least one year)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1.			
2.			

PLEASE READ THE FOLLOWING STATEMENTS, ASK ANY QUESTIONS, AND SIGN BELOW:

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow Obstetrical & Gynecological Associates, Merit Resources or any of their representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand the reference questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and company policies and procedures of Obstetrical & Gynecological Associates. I also realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner, be terminated by the company or myself with or without cause or previous notice. I understand that employment may be subject to satisfactory completion of a physical examination and/or drug screening by a third party.

I understand that if hired, I'm entering into a co-employment relationship whereas Obstetrical & Gynecological Associates is my worksite and directing employer and Merit Resources is my administrative employer. I agree that the benefit plans offered in my co-employment package are those of Merit Resources and are the only benefit plans in which I'm eligible to participate. I further agree that I will not be eligible for other benefits (if any) offered to other non co-employees of Obstetrical & Gynecological Associates now or in the future. I understand if hired by Obstetrical & Gynecological Associates, I may be required to sign a non-compete/non-disclosure agreement. This application will be kept in a current file for 30 days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

SIGNATURE OF APPLICANT: _____ DATE: _____