

# APPLICATION FOR EMPLOYMENT

# OB/GYN

Thank you for your interest in and application for employment with OB/GYN. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, disability, disabled veterans,, veterans of the Viet Nam era, and any other protected class as required by state, local, or federal law. We seek applicants who are dedicated, hardworking and seek fulfilling employment. In return OB/GYN offers competitive income, benefits and an excellent working environment.

## GENERAL INFORMATION: (Please print legibly with ink or type)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

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

HOME PHONE NUMBER (area code) \_\_\_\_\_ ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? (check) \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF SERIOUS MISDEMEANOR OR FELONY CRIME?? \_\_\_\_ YES \_\_\_\_ NO IF YES, WHAT AND WHERE? \_\_\_\_\_

## EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE (Be Specific) \_\_\_\_\_ I AM AVAILABLE TO WORK (Check All Applicable)  
\_\_\_\_ FULL TIME \_\_\_\_ PARTIME \_\_\_\_ 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 or Town \_\_\_\_\_ 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 or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

THIRD 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 or Town \_\_\_\_\_ 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 or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EMPLOYMENT HISTORY:** (List Most Recent First, Then Back. Include Any Military Service)

1	EMPLOYER NAME	DATES OF EMPLOYMENT FROM _____ TO _____		JOB TITLE	
EMPLOYER ADDRESS (Street, P.O. Box)		City, Town	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 FROM _____ TO _____		JOB TITLE	
EMPLOYER ADDRESS (Street, P.O. Box)		City, Town	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 FROM _____ TO _____		JOB TITLE	
EMPLOYER ADDRESS (Street, P.O. Box)		City, Town	State	Zip Code	PHONE NUMBER
STARTING COMPENSATION	ENDING COMPENSATION	SUPERVISOR'S NAME	REASON FOR LEAVING		

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

**REFERENCES:** (List Three Employment References (Persons) Not Related To You, Whom You Have Known For At Least One Year)

	NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1				
2				
3				

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, and other documents or verbally obtained during an employment interview. I voluntarily consent to allow OB/GYN or any of its representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand these 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 OB/GYN, but 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 drug screening by company physicians after a contingent employment offer is made. This application will be kept in a current file for thirty 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: \_\_\_\_\_