



# APPLICATION FOR EMPLOYMENT

**To the applicant:** We appreciate your interest in our firm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, or presence of a non-job related medical condition or handicap.

## PERSONAL:

<b>Name:</b>	<b>Date of Application:</b>
<b>Address:</b>	<b>Phone Number:</b> <b>ALT Number:</b>
<b>Are you a United States Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Not applicable in CA)	<b>Are you 18 years or older:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you are not a United States Citizen, do you have the legal right to remain permanently in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you been previously employed at Clarkston Medical Group?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes give date(s):</b>	
<b>Supervisor Name(s):</b>	
<b>Have you filed an application before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes give date(s):</b>	
<b>List any friend or relatives working here:</b>	
<b>What method of transportation will you use to come to work?</b>	

## EMPLOYMENT DESIRED:

<b>Position(s) Applied for:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Nursing <input type="checkbox"/> Medical Assistant <input type="checkbox"/> EMT/AEMT <input type="checkbox"/> Receptionist <input type="checkbox"/> Records Tech <input type="checkbox"/> Billing <input type="checkbox"/> Referrals <input type="checkbox"/> Radiology <input type="checkbox"/> Other: _____	
<b>Kind of work sought:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other :	<b>What Shift:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
<b>Are you willing to work weekends?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Holidays?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have any special training, skill, qualifications or other experience related to the position(s) applied for?</b>	
<b>Do you have any physical, medical or mental impairment or disability which would interfere with your ability to do the job for which you have applied? If yes, please explain, _____</b>	

<b>Salary Desired:</b>	<b>Date available to start work:</b>
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## REFERENCES: (Two Professional and Two Personal)

Name	Address	Phone #	Years Acquainted

**EMPLOYMENT EXPERIENCE:** *(List current or most recent job first)*

<b>1</b>	Employer	Dates To      From		Worked Performed
	Address			
	Job Title			
	Supervisor	Hourly Rate Starting      Final		
	Reason for Leaving			
<b>2</b>	Employer	Dates To      From		
	Address			
	Job Title			
	Supervisor	Hourly Rate Starting      Final		
	Reason for Leaving			
<b>3</b>	Employer	Dates To      From		
	Address			
	Job Title			
	Supervisor	Hourly Rate Starting      Final		
	Reason for Leaving			
<b>4</b>	Employer	Dates To      From		
	Address			
	Job Title			
	Supervisor	Hourly Rate Starting      Final		
	Reason for Leaving			

<b>EDUCATION:</b>	Name/Location	Years Completed	Diploma Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/ Training				

**THIS SECTION IS FOR LICENSED, REGISTERED OR CERTIFIED APPLICANTS:**

Are you currently Licensed, Registered or Certified in Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when?	
Give License, Registration or Certification Number:	
Expiration Date:	Serial Number:
If No License, do you have permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	
In what other states are you Licensed, Registered or Certified?	
Do you have a nationally recognized Licensed, Registration or Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expiration Date:	Number:

**ADDITIONAL INFORMATION:**

Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, when and nature of offense:
Are you a Veteran of U.S. Military Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Served from ___/___/___ to ___/___/___.
List professional, trade, business or civic activities and offices held (excluding group in which the name or character indicate race, color, religion, sex, national origin, handicap, marital or veterans status):
State any additional information that you feel may be helpful to us in considering your application:

**EMERGENCY NOTIFICATION:**

Name:	Address:
Phone:	Relationship:

**AUTHORIZATION AND UNDERSTANDING:**

Upon signing this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorized you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the firm and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the firm as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize them to deduct from each and every period of my pay any amounts necessary to offset damages caused by me or the value of property or money entrusted to me, or owed by me to the firm during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the president of the firm. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails. I will pay to the firm any and all costs incurred by the firm in defense of said claims or actions, including attorney's fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

Signature:	Date:
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