



## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

— PLEASE PRINT —

|  |                     |                            |
|--|---------------------|----------------------------|
| Position(s) Applied For  | Date of Application |                            |
| <p>How Did You Learn About Us?</p> <p> <input type="checkbox"/> Advertisement                      <input type="checkbox"/> Friend                      <input type="checkbox"/> Walk-In<br/> <input type="checkbox"/> Employment Agency                      <input type="checkbox"/> Relative                      <input type="checkbox"/> Other _____         </p> |                     |                            |
| Last Name  | First Name          | Middle Name                |
| Address — Number & Street  |                     | City                       |
| State  | Zip                 | How Long at Address? _____ |
| Telephone  |                     | Social Security No.        |
|  |                     |                            |

If you are under 18 years of age, can you provide required proof of your eligibility to work?                       Yes                       No

Have you ever been employed with us before?                       Yes                       No

If Yes, give dates \_\_\_\_\_

Are you currently employed?                       Yes                       No

May we contact your present employer?                       Yes                       No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status                       Yes                       No

On what date would you be available for work? \_\_\_\_\_

Are you available     Full-time     Part-time     Shift Work     Temporary

Have you been convicted of a felony within the last 7 years?                       Yes                       No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain: \_\_\_\_\_

# Education

|   | Elementary School |   |   |   |   | High School |    |    |    | Undergraduate College / University |   |   |   | Graduate / Professional |   |   |   |
|---|-------------------|---|---|---|---|-------------|----|----|----|------------------------------------|---|---|---|-------------------------|---|---|---|
| <b>School Name and Location</b>   |                   |   |   |   |   |             |    |    |    |                                    |   |   |   |                         |   |   |   |
| <b>Years Completed</b>  | 4                 | 5 | 6 | 7 | 8 | 9           | 10 | 11 | 12 | 1                                  | 2 | 3 | 4 | 1                       | 2 | 3 | 4 |
| <b>Diploma / Degree</b>   |                   |   |   |   |   |             |    |    |    |                                    |   |   |   |                         |   |   |   |
| <b>Describe Course of Study</b>   |                   |   |   |   |   |             |    |    |    |                                    |   |   |   |                         |   |   |   |
| <b>Describe any specialized training, apprenticeship, skills and extra-curricular activities</b>      |                   |   |   |   |   |             |    |    |    |                                    |   |   |   |                         |   |   |   |
| <b>Describe any honors you have received</b>  |                   |   |   |   |   |             |    |    |    |                                    |   |   |   |                         |   |   |   |
| <b>State any additional information you feel may be helpful to us in considering your application</b> |                   |   |   |   |   |             |    |    |    |                                    |   |   |   |                         |   |   |   |

Indicate any foreign languages you can speak, read and/or write:

\_\_\_\_\_

\_\_\_\_\_

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Why do you want to work in a Doctor's Office? In what way would you be of value to the Physicians and their patients?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

|    |                     |            |                    |       |                |
|----|---------------------|------------|--------------------|-------|----------------|
| 1. | Employer            |            | Dates Employed     |       | Work Performed |
|    |                     |            | From               | To    |                |
|    | Address             |            |                    |       |                |
|    | Telephone Number(s) |            | Hourly Rate/Salary |       |                |
|    |                     |            | Starting           | Final |                |
|    | Job Title           | Supervisor |                    |       |                |
|    | Reason for Leaving  |            |                    |       |                |
| 2. | Employer            |            | Dates Employed     |       | Work Performed |
|    |                     |            | From               | To    |                |
|    | Address             |            |                    |       |                |
|    | Telephone Number(s) |            | Hourly Rate/Salary |       |                |
|    |                     |            | Starting           | Final |                |
|    | Job Title           | Supervisor |                    |       |                |
|    | Reason for Leaving  |            |                    |       |                |
| 3. | Employer            |            | Dates Employed     |       | Work Performed |
|    |                     |            | From               | To    |                |
|    | Address             |            |                    |       |                |
|    | Telephone Number(s) |            | Hourly Rate/Salary |       |                |
|    |                     |            | Starting           | Final |                |
|    | Job Title           | Supervisor |                    |       |                |
|    | Reason for Leaving  |            |                    |       |                |

## Special Skills and Qualifications

Please check any or all that might apply to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Multi-Line Phone System               | <input type="checkbox"/> N.Y. L.P.N. License (No. _____) |
| <input type="checkbox"/> Computer                              | <input type="checkbox"/> N.Y. R.N. License (No. _____)   |
| <input type="checkbox"/> Filing                                | <input type="checkbox"/> Medical Assistant Certification |
| <input type="checkbox"/> Bookkeeping                           | <input type="checkbox"/> Injections                      |
| <input type="checkbox"/> Medical Insurance/Forms               | <input type="checkbox"/> EKGs                            |
| <input type="checkbox"/> Typing Speed (_____ words per minute) | <input type="checkbox"/> 24-hour Cardioscan              |
| <input type="checkbox"/> Dictation Machine                     | <input type="checkbox"/> Lab Technician Certification    |
| <input type="checkbox"/> Medical Transcription                 | <input type="checkbox"/> Phlebotomy                      |
| <input type="checkbox"/> Medical Terminology                   | <input type="checkbox"/> CBC                             |
| <input type="checkbox"/> Nurses Aide Training                  | <input type="checkbox"/> Urinalysis                      |
|  | <input type="checkbox"/> Chemistries                     |

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes

No

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand that a drug screening urinalysis may be required if an offer of employment is made. Failure to successfully complete the required drug screening will result in withdrawal of an offer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Endwell Family Physicians is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Endwell Family Physicians.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job

Hourly rate \_\_\_\_\_/hr.

Department \_\_\_\_\_

Title \_\_\_\_\_

Salary \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_  
Date

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_