



# 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:

## How Did You Learn About Us?

Advertisement

Friend

Walk-In

Online Job Search

Relative

Other: \_\_\_\_\_

## Personal Information

Last Name:

First Name:

Middle Name:

Address - Number & Street:

City:

State:

Zip:

Telephone:

How Long at Address:

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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:

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## Education

	High School	Undergraduate College / University	Graduate / Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree			
Describe Course of Study			

Describe any specialized training, apprenticeship, skills and extracurricular activities: \_\_\_\_\_

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Describe any honors you have received: \_\_\_\_\_

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State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

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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: \_\_\_\_\_

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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?

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# References

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# 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.

Employer:	Work Performed:
Address:	
Telephone Number(s):	
Job Title:                      Supervisor:	
Reason for Leaving:	
Start Date:                      End Date:	

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Address:	
Telephone Number(s):	
Job Title:                      Supervisor:	
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Start Date:                      End Date:	

Employer:	Work Performed:
Address:	
Telephone Number(s):	
Job Title:                      Supervisor:	
Reason for Leaving:	
Start Date:                      End Date:	

## Special Skills & Qualifications

Please list any skills and qualifications you have:

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N.Y. L.P.N. License (No. \_\_\_\_\_)     N.Y. R.N. License (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 applicants 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 the 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

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