

APPLICATION FOR EMPLOYMENT

OBSTETRICS & GYNECOLOGY SPECIALISTS, P.C.

An Equal Opportunity Employer



Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, marital or veteran status, medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For:	Date of Application:
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Last Name	First Name	Middle Initial	Social Security Number
Address/P.O. Box	City	State/Zip Code	
Home/Cellular Phone Number(s)		E-mail Address	

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

Are you a veteran of the armed forces? Yes No

Do you have a valid Driver's License? Yes No

Are you legally eligible for employment in this country?
(Proof of citizenship or the right to work in the U.S. will be required upon employment.) Yes No

Have you ever been convicted of a crime? (Do not include arrests or non-convictions)
Conviction will not necessarily disqualify an applicant from employment. If yes, **please list all convictions**, including misdemeanors and/or felonies: Yes No

Education	High school	College/ University	Graduate/Professional
School Name & Location			
Years Completed (circle one)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Earned & Course of Study (Include any honors received.)			

Describe any specialized training apprenticeship, skills and or extra-curricular activities, including workshops, short courses, and/or certificates: _____

Employment Experience

Complete the information below, beginning with your present or most recent job.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Military Service

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Applicant's Statement:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize THE GROUP- OBSTETRICS & GYNECOLOGY SPECIALISTS, P.C. to verify their accuracy and to obtain reference information on my work performance. I hereby release THE GROUP- OBSTETRICS & GYNECOLOGY SPECIALISTS, P.C. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application may be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant

Date Completed