



**EMPLOYMENT APPLICATION**

**Position Applying For:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PERSONAL INFORMATION**

LAST NAME	FIRST	MIDDLE
STREET ADDRESS	CITY	STATE ZIP
(_____) _____ HOME PHONE NUMBER	(_____) _____ ALTERNATE PHONE NUMBER	
E-MAIL ADDRESS		

**WORK EXPERIENCE (Most recent position first)**

Date(Mo/Yr)	Name of Employer / Address	Supervisor Name	Position	Salary History	Reason for Leaving
From:				Begin:	
To:				End:	
From:				Begin:	
To:				End:	
From:				Begin:	
To:				End:	

**EDUCATION (Circle highest year completed)**

High School  
1 2 3 4

College  
1 2 3 4

Graduate  
1 2 3 4

Name / City / State	Completed Degree	Major Field of Study
<b>HIGH SCHOOL:</b>	YES or NO	
<b>COLLEGE:</b>	YES or NO	
<b>OTHER:</b>	YES or NO	



**BACKGROUND INFORMATION**

1. Please indicate the type of employment you are seeking:  
\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Per Diem \_\_\_ Temporary  
Hours Available: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_

2. If offered employment, will you be able to work the schedule or any required overtime if required?  
\_\_\_ YES \_\_\_ NO If No, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. If the position requires travel to other locations, are you willing to travel? \_\_\_ YES \_\_\_ NO  
If No, please explain: \_\_\_\_\_

4. Professional license or membership (If applicable)  
Type of License \_\_\_\_\_ License Expiration Date: \_\_\_\_\_  
Professional Membership \_\_\_\_\_

5. Do you have any commitments, contractual or otherwise, to another employer that might affect your employment with Premier Medical Group? \_\_\_ YES \_\_\_ NO  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Have you previously been employed by Premier Medical Group? \_\_\_ YES \_\_\_ NO  
If yes, what position and when? \_\_\_\_\_ Date: \_\_\_\_\_

7. Do you have relatives presently employed by Premier Medical Group? \_\_\_ YES \_\_\_ NO  
If yes, please state the relative's name and your relationship: \_\_\_\_\_

8. Have you ever worked under another name? \_\_\_ YES \_\_\_ NO  
If yes, please state the name(s): \_\_\_\_\_

9. Are you lawfully permitted to work in the United States? \_\_\_ YES \_\_\_ NO

10. Answer the next two questions (A and B) only if the position you are applying for requires you to operate a motor vehicle (i.e. mail courier)

A. Do you have a valid driver's license? \_\_\_ YES \_\_\_ NO  
Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

B. During the past seven years have you ever been denied a driver's license, or convicted of a moving traffic offense, including, but not limited to driving while intoxicated or reckless driving? \_\_\_ YES \_\_\_ NO



11. Have you ever been convicted of a crime?  YES  NO  
 (Note: A criminal conviction is not an absolute bar to employment)  
 If yes, what was the nature of the crime? \_\_\_\_\_  
 When did it occur? \_\_\_\_\_

12. Do you have any objections to our contacting your present employer to verify your background and qualifications?  
 YES  NO

13. How were you referred to us?  Premier website  Other website \_\_\_\_\_  
 Social media \_\_\_\_\_ Other \_\_\_\_\_  
 Premier employee - Name of employee: \_\_\_\_\_

**PROFESSIONAL REFERENCES:** (please include previous supervisors and/or others who can assess your work)

Name	Title	Company	Relationship	Years Known	Phone	E-mail
1.						
2.						
3.						

**Applicant's Acknowledgement and Agreement**

I hereby certify that my answers to these statements and questions are true and complete to the best of my knowledge. I understand that any omission or misstatement made on this Employment Application may result in rejection of my application, and if not discovered until after becoming employed, is grounds for and may result in termination.

I understand that this application is not a contract of employment and that I, or Premier Medical Group, may end my employment at any time, with or without notice. I understand that only Premier Medical Group's CEO has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I authorize Premier Medical Group to investigate my background in order to verify all data given on this application, on related papers, and in interviews. I further understand that falsification of information found during the background investigation will result in a withdrawal of any contingent offer of employment.

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

\_\_\_\_\_  
 Date

*Equal Opportunity Employer*