

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE _____

Position applied for _____ Desired wage (be specific) _____ / hour

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at present address _____ (If less than 2 years please list previous address below.)

Previous address _____
Number Street City State Zip

Home telephone () _____ Cell phone () _____ e-mail _____

If under 18, please list age _____ Are you a U.S. Citizen Yes No If not, Visa type is _____

Heritage Family Medicine will schedule 1-2 days for appointments as early as 7:30 am or as late as 8 pm. In addition, established patients will be guaranteed same day or next day access. This will require expanding regular hours on an occasional, but not predictable basis. Weekend hours are not now anticipated, but remotely possible.

Hours available to work (e.g. __ A - __ P)
 No Limitations _
 Mon _____ Thu _____ Sat _____
 Tue _____ Fri _____ Sun _____
 Wed _____

Hours you can work weekly _____ Available 1-2 evenings /wk? Yes No Smoke? No, if Yes, stop here * page.5

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME Summer

Date you can begin work _____ Any other restriction we should know regarding your availability _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|-----------------|----------------|
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (continue on last page if necessary): _____

HAVE YOU EVER BEEN INVESTIGATED, SANCTIONED, DISCIPLINED OR REFUSED PARTICIPATION BY ANY VOLUNTARY, PROFESSIONAL, REGULATORY OR CERTIFYING AGENCY? No Yes If yes, explain by which organization, the circumstances and the conclusion(s) (continue on last page if necessary): _____

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Work Experience Please list your work experience for the **PAST TEN YEARS** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|--|-------------------------|------------------|---------------|
| Name of employer Address | Name of last supervisor | Employment dates | Pay or salary |
| City, State, Zip Code Phone number | | From | Start |
| | | To | Final |
| Your last job title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
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|--|-------------------------|------------------|---------------|
| Name of employer Address | Name of last supervisor | Employment dates | Pay or salary |
| City, State, Zip Code Phone number | | From | Start |
| | | To | Final |
| Your Last Job Title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
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|--|-------------------------|------------------|---------------|
| Name of employer Address | Name of last supervisor | Employment dates | Pay or salary |
| City, State, Zip Code Phone number | | From | Start |
| | | To | Final |
| Your Last Job Title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
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| | | | |
|--|-------------------------|------------------|---------------|
| Name of employer Address | Name of last supervisor | Employment dates | Pay or salary |
| City, State, Zip Code Phone number | | From | Start |
| | | To | Final |
| Your last job title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
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|--|-------------------------|------------------|---------------|
| Name of employer Address | Name of last supervisor | Employment dates | Pay or salary |
| City, State, Zip Code Phone number | | From | Start |
| | | To | Final |
| Your last job title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____ relationship to you _____

SKILLS: rate yourself on the following from 0-5 (with 0 being none or lack and 5 being most or expert).

TYPING _____ 10-Key Calculator _____ Windows PC _____

MS Word _____ MS Excel _____ Taking payments _____

Taking BP _____ Use of centrifuge _____ Preparation of Microscope slides _____

Doing UA dip _____ Doing "Strep" test _____ Use of steam autoclave _____

X-ray of Chest _____ X-ray of extremities _____ Positive Personality _____

Please, do not be intimidated by the above list. Most can be learned quickly. The last item is the most important.

PLEASE READ CAREFULLY. Initial each paragraph at the _____ and sign at the bottom.

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Heritage Family Medicine (hereinafter "HFM"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other HFM practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of HFM, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Managing Physician of HFM. Both the undersigned and HFM may end the employment relationship at any time, without specified notice or reason. If employed, I understand that HFM may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give HFM permission to contact schools, previous employers (unless otherwise indicated), references, State Dept of Motor Vehicle offices, and others, and hereby release HFM and any responding person or agency from any liability as a related to information requested or shared. _____

I also understand that (1) HFM has a drug, alcohol and tobacco policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of employment; and (3) continued employment is based on the successful passing of any subsequent testing and that failure to pass may result in termination for cause. I hereby release HFM and any laboratory involved in the processing and reporting of drug screenings from any liability. I understand that in this health care facility only non-smokers are regularly employed. I further understand that continued employment may be based on the passing job-related physical examinations. _____

I understand that, in connection with the routine processing of your employment application, HFM may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, HFM, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. _____

I further understand that my employment with HFM shall be probationary for a period of sixty (60) work days, and further that at any time during the probationary period or thereafter, my employment relation with HFM is terminable at will for any reason by either party. _____

Signature of applicant _____ Date: _____

Print Name (F, M, L) _____

Street Address _____

City _____ State _____ Zip _____

Soc Sec # _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

Heritage Family Medicine is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Heritage Family Medicine depends solely on your qualifications.

Thank you for completing this application form and for your interest in employment with us.