

# EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

## PERSONAL INFORMATION:

Date \_\_\_\_\_ Start Date \_\_\_\_\_

Full Time  Part Time  Temporary Referral Source \_\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Form of Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you ever been convicted of or charged with a felony or misdemeanor:  Yes  No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you, or any person or entity with whom you have been associated with, filed for bankruptcy, been declared bankrupt or insolvent or been the subject of any receivership proceedings within the last 7 years?

Yes  No

If Yes, please provide full details, including dates, places, amounts involved and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

**BUSINESS REFERENCES:** Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

Position: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

Position: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL REFERENCES:** Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
How long: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
How long: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
How long: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**SPECIAL SKILLS:** Describe any special skills or qualifications for this work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Burnsville Family Physicians, P.A., to investigate any statement contained in this application, and to obtain a credit report on me (and my company if this application is for reselling by a company) as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of Burnsville Family Physicians, P.A.

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**FOR  
Medical Certification or Licenses:**

- Xray
- Laboratory Technician
- Medical Assistant
- RN
- LPN
- Other

License Number \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_  
License Number \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_  
License Number \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_  
License Number \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

**Availabilities:**

\_\_\_ Days \_\_\_ Evenings \_\_\_ Weekends \_\_\_ Number of days per week  
\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Number of hours per week

If offered employment, when are you available to start? \_\_\_\_\_

Salary Requirements \_\_\_\_\_  
Benefits Needed \_\_\_\_\_

**OFFICE USE ONLY:**

Arrange Interview:  Yes  No Date: \_\_\_\_\_ Place: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:  Yes  No Date: \_\_\_\_\_  
By: \_\_\_\_\_