

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: _____