

FERGUS FALLS MEDICAL GROUP, P.A.

EMPLOYMENT APPLICATION

"Equal Employment Opportunity/Affirmative Action Employer"

"Affirmative Action for Disabled Workers"

Name _____ Social Security _____

Present Address _____

City _____ State _____ Zip Code _____

Telephone# Home _____ Business _____

Position applied for _____

Date available for employment _____ Salary Desired _____

Are you applying for _____ Full-time _____ Part-time _____ Temporary _____ On-call

Indicate applicable work skills Typing _____ WPM _____ Keypunch _____ SPH _____

Word Processor _____ (System) Transcription _____ Yes _____ No

Other job-related skills _____

Do you have any relatives working for this organization? _____ Yes _____ No

If yes, name _____ Relationship _____

Have you ever been employed by this organization? _____ Yes _____ No

If yes, position _____ Department _____ From _____ To _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? _____ Yes _____ No

Do you have any commitments to another employer that might affect your employment with us?

Please explain _____

Have you ever been convicted of, plead guilty or "no contest" to a misdemeanor or felony? (NOTE: Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.)

_____ Yes _____ No

If yes, please explain _____

School: Name and Address		Course of Study	Circle last year completed	Did you graduate?	Diploma/Degree
High School			1 2 3 4	Yes _____ No _____	
College			1 2 3 4	Yes _____ No _____	
College			1 2 3 4	Yes _____ No _____	
Technical, Business or Professional			1 2 3 4	Yes _____ No _____	

Professional licenses/certifications

Type	State	Exp. Date	Registration No.

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information indicative of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, disability, or any other protected status.)

Employment Record

Please list employers and military service. If you list any employment prior to five years from today's date, do not list the dates of employment. Instead, for all employment more than five years from today, list the total number of years and months you were consecutively employed by each employer (ie., 2 years, 5 months).

Current/Most Recent

Employer	From ____/____/____ To ____/____/____ Mo. Yr. Mo. Yr.
Address	Telephone: Last wage:
Position Title	Supervisor & Title:
Summary of Duties	
Reason for Leaving	

First Previous

Employer	From ____/____/____ To ____/____/____ Mo. Yr. Mo. Yr.
Address	Telephone: Last wage:
Position Title	Supervisor & Title:
Summary of Duties	
Reason for Leaving	

Second Previous

Employer	From ____/____/____ To ____/____/____ Mo. Yr. Mo. Yr.
Address	Telephone: Last wage:
Position Title	Supervisor & Title:
Summary of Duties	
Reason for Leaving	

References: May we contact all of the above employers for references? If no, list the employers not to be contacted and give reason.

Please list references (not relatives or employers) to contact who are acquainted with your work history.

Name	Title/Occupation	Company/Address
1.		
2.		
3.		

I authorize an inquiry to be made on the information contained in this application.

I authorize educational institutes or employers listed in this application to provide information about me. I hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I understand and acknowledge that if I misrepresent or omit material facts on this application or in any pre-employment conversation or the results of an investigation are not satisfactory for any reason, any consideration, offer, or actual employment by the Fergus Falls Medical Group, P.A., may be terminated immediately without obligation or liability to me other than payment of compensation at the rate agreed upon, for service actually rendered, if I had been employed.

I understand that nothing contained in this employment application or in the granting of an interview, and no Fergus Falls Medical Group, P.A. policies, procedures or guidebooks that I might receive, are intended to create an employment contract between the Fergus Falls Medical Group, P.A. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Fergus Falls Medical Group, P.A. unless made in writing and signed by the Fergus Falls Medical Group, P.A. Chief Executive Officer. If any employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that the Fergus Falls Medical Group, P.A. retains the same right. I understand that if I receive a conditional offer of employment, I will be required to sign a confidentiality statement as a condition of my employment.

Applicant's Signature

Today's Date

