



**PLEASE READ THE FOLLOWING BEFORE COMPLETING  
OUR APPLICATION BLANK**

There is no guarantee of a job offer or a job interview in completing our application blank. Your application blank will be considered with others who have submitted applications and decisions about interviews will be based on this comparison at the corporation's sole discretion.

Our application blank must be completely filled out in order for you to be considered for employment.

In completing our application blank you will be subject to the following:

- EMPLOYMENT REFERENCE CHECK WITH FORMER EMPLOYERS
- EMPLOYMENT BACKGROUND REPORT BY STERLING TALENT SOLUTIONS

If the information on our application cannot be satisfactorily verified by employment reference checks, your application could be considered as incomplete.

Applications are filed according to job title. Be as specific as possible in stating the job you are applying for: "ANY" position is not an acceptable response on our application blank

Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.

I have read and agree to the above statements.

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Signature of Applicant

We consider applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, or genetic pre-disposition, disability, marital or veteran status, sexual orientation, or any other legally protected status.

## Application for Employment

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Can you provide required proof of your eligibility to work?

Yes  No

Are you 18 years of age or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

## Position Desired

Position: \_\_\_\_\_ Start date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work:  Weekends

Holidays

Evenings

Overtime

Can you travel if a job requires it?

Yes  No

Have you been convicted of a crime within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.)

Yes  No

Have you previously worked for Tri-County Family Medicine Program, Inc.?  Yes  No

Dates of employment with Tri-County Family Medicine Program, Inc.

from \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

## Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

## Skills

Typing speed (WPM): \_\_\_\_\_

Tri-County Family Medicine Program, Inc.; An Equal Opportunity Employer

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Are you experienced in using personal computers?  Yes  No  PC  Mac

Are you able to use [Electronic Health Records (which ones are you familiar with), Microsoft Word or Excel].  
What other programs are you familiar with using? \_\_\_\_\_

## Work Experience

Please list all previous employment, beginning with the most recent. You may exclude organizations which indicate age, race, color, religion, gender, national origin, genetic pre-disposition, disability, marital or veteran status, sexual orientation or other protected status. If you need more room, you may attach another sheet of paper.		
Employer:		Address:
From	To	Position Held:
		Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Compensation:		Final Compensation:
Employer:		Address:
From	To	Position Held:
		Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		

Starting Compensation:	Final Compensation:
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Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

## References

Identify three persons who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Authorization and Acknowledgements

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment in arriving at an employment decision. I release from any liability all individuals and organizations who provide either written or verbal statements and who in good faith and without malice provide credentialing information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

NOTES: (For Office Use Only)