

# Application for Employment

DIGESTIVE DISEASE GROUP, PA  
THE GREENWOOD ENDOSCOPY CENTER, INC

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.*

## Personal Information

Name		Date of Application	
Address	City	State	Zip
Phone number	Email address		Social Security Number
Are you legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes      No		

Have you been convicted of a crime in the last seven years? Yes  No

If yes, please explain:

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Are you a United States Citizen? Yes  No

Are you lawfully authorized to work in the United States? Yes  No

## Position

Position you are applying for	Available start date	Desired pay
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Employment desired

Full time       Part time       Seasonal/Temporary

## Education

School name	Location	Years attended	Degree received	Major

Are you planning to pursue further studies? If so what courses, when and where?

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## References (business and professional only)

Name	Title	Company	Phone

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# Employment History

<b>Employer (1)</b>	Job title	Dates employed	
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Reason for leaving:			

<b>Employer (2)</b>	Job title	Dates employed	
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Reason for leaving:			

<b>Employer (3)</b>	Job title	Dates employed	
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Reason for leaving:			

<b>Employer (4)</b>	Job title	Dates employed	
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Reason for leaving:			

<b>Employer (5)</b>	Job title	Dates employed	
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Reason for leaving:			

If presently employed, why do you desire to change your position? \_\_\_\_\_

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If presently employed, may we contact your present employer? Yes  No

How did you learn about us? \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ Physician \_\_\_\_\_

Date of last Tuberculin skin test \_\_\_\_\_ Results \_\_\_\_\_

Date of last chest X-ray \_\_\_\_\_ Results \_\_\_\_\_

Interest and activities:

Skills, special training, certificates, etc:

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	

**WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER  
OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT  
ANY TIME AND FOR ANY OR NO REASON.**