

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.

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 <input type="checkbox"/> No		

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

If yes, please explain: _____

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

Employment History

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

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

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

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

Employer (5)	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? _____

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.**