

Associates in Family Medicine, P.C.
EMPLOYMENT APPLICATION -

PLEASE PRINT, COMPLETE AND FAX TO 970-495-6219, Attention: Human Resources

An Equal Opportunity Employer

Associates in Family Medicine does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and selection decisions are based on job-related factors.

Please print or type

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Apt.# _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Message# _____

Social Security # (optional): _____

Position you are applying for:

Full Time _____ Part Time _____ Temporary _____ Relief _____

Are there any days and hours you would **NOT** be willing to work? _____

Date you are available to start work _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain

If you are hired, can you furnish proof you are authorized to work in the U.S.? _____ Yes _____ No

Person to notify in case of emergency: Name _____

Address _____ Telephone _____

EDUCATION

High School

Name and address _____

Date completed _____ Degree or diploma received _____

College

Name and address _____

Date completed _____ Degree or diploma received _____

Other

Name and address _____

Date completed _____ Degree or diploma received _____

List the registries, certificates, and licenses that you currently hold:

Do you have other experiences, skills or qualifications which you feel we should consider?

EMPLOYMENT HISTORY

Starting with your present or most recent employer, give a complete record of all employment during the past five years.

Present or most recent Employer

Name of Business _____

Street Address _____ City _____

State _____ Zip _____ Phone _____

Start date: _____ Leaving date: _____

Pay scale _____ Job Title _____

Reason for leaving:

Name of Business _____

Street Address _____ City _____

State _____ Zip _____ Phone _____

Start date: _____ Leaving date: _____

Pay scale _____ Job Title _____

Reason for leaving:

Name of Business _____

Street Address _____ City _____

State _____ Zip _____ Phone _____

Start date: _____ Leaving date: _____

Pay scale _____ Job Title _____

Reason for leaving:

REFERENCES

May we contact your current employer? _____ Yes _____ No

If you have ever worked under an employer under another name, please give that name _____

Have you ever been dismissed or asked to resign from any position? _____ Yes _____ No

If yes, when and for what reason?

Please list three work related references: (do not list relatives)

	Name	Address	Phone	Business
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please read carefully before signing:

I certify that all information in this employment application is true and complete. I understand that any false information or significant omission may disqualify me from further consideration of employment and may justify my dismissal if discovered at a later date.

I authorize the investigation of any or all statements provided during the process of this application and also authorize, whether listed or not, any person, school, current employer (except as previously noted), past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I realize that as a condition of employment, I will be required to show original documentation of both identity and eligibility to work in the United States.

I have read and understand these statements.

Signature _____ Date _____

***** Please see our website, (www.afmfc.com) for the FMLA General Notice.*****