

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Please read before filling out this application

NASH OB-GYN ASSOCIATES, P.A. does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **NASH OB-GYN ASSOCIATES, P.A. intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

Personal Data

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____ Are you 18 years or older? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, explain _____
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Educational Data

Circle Highest Grade Completed:																				
1 2 3 4 5 6 7 8 9 10 11 12 Grade, Junior High or High School												1 2 3 4 5 College or University					1 2 3 4 Graduate School			
Type of School	Name of School				Location				Major Subject or Course of Study				Did You Graduate?							
High School																				
College																				
Business or Trade School																				
Correspondence School																				
Other (Specify)																				
Graduate School																				

List Degree(s) Obtained _____

Employment

Job applied for _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

When could you report for work? _____

Work History

Are you currently covered by a non-compete agreement with any former employer? Yes No
If yes, identify employer _____

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary
To (mo./yr.)	Address City State Zip		\$ per
			Final Salary
			\$ per
Supervisor's Name/Title	Type of Business		If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary
To (mo./yr.)	Address City State Zip		\$ per
			Final Salary
			\$ per
Supervisor's Name/Title	Type of Business		If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ per
To (mo./yr.)	Address	City	State Zip
Supervisor's Name/Title		Type of Business	Final Salary \$ per
Your Position/Title		Responsibilities/Duties	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Reason for Leaving			

Relatives In Our Employment

Name	Relationship	Name	Relationship

Military

Branch of Service: _____

Duties in the service, including schools and training: _____

Special Skills

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate and/or any software applications you are proficient in. _____

List any first aid or emergency response training for which you are currently certified (give date of certification). _____

Professional References

Give three references who are not relatives or former employers.

Name	Occupation	Years Known	Phone	Address

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to NASH OB-GYN ASSOCIATES, P.A. my record, reason for leaving and all information they may have concerning me, and hereby release them and NASH OB-GYN ASSOCIATES, P.A. from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish NASH OB-GYN ASSOCIATES, P.A. with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by NASH OB-GYN ASSOCIATES, P.A. it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of

my employment by NASH OB-GYN ASSOCIATES, PA., I agree to abide by all present and subsequently issued rules of the Company.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of NASH OB-GYN ASSOCIATES, P.A.. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of NASH OB-GYN ASSOCIATES, P.A. (except the President of the Board of Directors) has the authority to commit to any definite term of employment or alter the at-will employment agreement, and any such agreement must be in writing.

Signature _____ Date _____