



APPLICATION FOR EMPLOYMENT

Middletown Medical P.C. is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Cell Phone: _____ Email: _____

APPLICANT QUESTIONS:

Position desired: _____ Full time, Part time or Per Diem: _____
Salary desired: _____ Date Available to start: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

If full time, would you be available to work overtime? _____

Are there any restrictions to your availability? _____

How were you referred to Middletown Medical P.C.? _____

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____



Degree/Diploma: _____

Other Schooling or Training:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

MILITARY EXPERIENCE:

Branch of Service: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Can we contact this employer? Yes No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____



Can we contact this employer? ___ Yes ___ No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Can we contact this employer? ___ Yes ___ No

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Contact Information
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Middletown Medical P.C. is at-will, meaning that I or Middletown Medical P.C. may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Middletown Medical P.C. to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Middletown Medical P.C. requires the successful completion of a drug and/or alcohol test and background check as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date Signed: _____