



Please Print Clearly

## APPLICATION FOR EMPLOYMENT

Position Applying For: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.*

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Desired Salary/Hourly Rate: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate/Cellular Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_

Street, Apartment, or Unit Number

\_\_\_\_\_ How long have you lived there \_\_\_\_ / \_\_\_\_ Years/Months

City

State

Zip

Email Address (optional) \_\_\_\_\_

Type of employment desired? Full-time  Part-time  (Specify Hours) \_\_\_\_\_

Are you willing to work overtime? Yes  No  Date on which you can start work if hired \_\_\_\_\_

Have you previously applied for employment with this Company? Yes  No

If Yes, when and where did you apply? \_\_\_\_\_

Have you ever been employed by this Company? Yes  No

If Yes, provide dates of employment, location and reason for separation from employment. \_\_\_\_\_

### WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply the firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see résumé."

Employer

Name	Address	Type of Business
Telephone ( ) _____	Dates Employed From ____ / ____ / ____ To ____ / ____ / ____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? _____	
Wages Start _____ Final _____	Reason for Leaving? _____	
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

Employer

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<i>Name</i>	<i>Address</i>	<i>Type of Business</i>
Telephone ( ____ ) _____	Dates Employed From ____/____/____ To ____/____/____	
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Employer

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Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

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- Have you ever been terminated or asked to resign from any job?  Yes  No If Yes how many times? \_\_\_\_\_
- Has your employment ever been terminated by mutual agreement?  Yes  No If Yes how many times? \_\_\_\_\_
- Have you ever been given the choice to resign rather than be terminated?  Yes  No If Yes how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

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Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

**REFERENCES**

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	OCCUPATION	COMPANY	WORK RELATIONSHIP (i.e. supervisor, co-worker)	TELEPHONE

**APPLICANT CERTIFICATION**

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and résumé or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES  NO

I will be responsible for familiarizing myself with all rules and regulations of Northwest Gastroenterology as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of Northwest Gastroenterology or at my option, without notice, at any time.

YES  NO

I also understand that no representative of Northwest Gastroenterology has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current individual written agreement signed by Northwest Gastroenterology.

YES  NO

I have read, understand and agree with the above statements.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit

Reset