



EMPLOYMENT APPLICATION

IMPORTANT NOTICE: If you need assistance in completing this application, please contact the Director of Office Management and Staffing.

Ear, Nose & Throat Associates ("ENTA") is an Equal Employment Opportunity employer and will not discriminate against applicants on the basis of race, sex, color, religion, national origin, age, disability, marital status, veteran status or any other protected characteristic

PERSONAL INFORMATION

Date: _____

Name:

(First)

(Last)

(Middle Initial)

Address: _____

Telephone Number: _____

Social Security Number: _____

E-Mail Address: _____

Emergency Contact: _____ Telephone Number: _____

What position are you seeking? _____

When will you be available to start? _____

Are you at least 18 years old? _____ Yes _____ No

Are you eligible to work in the United States? _____ Yes _____ No

Have you served in the Military? _____ Yes _____ No

If yes, which Branch or Reserves _____

Have you previously worked here? _____ Yes _____ No

If yes, when? _____ What was your position? _____

Do you have any friends or relatives working at this practice, if yes, whom? _____

Have you ever been arrested for a criminal offense (felony or misdemeanor)? [] Y or [] N

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION: Please fill in your educational background below.

School	Name of School	Address	Date Graduated	Degree(s) Earned	Major(s)
High School					
College / University					
Graduate School					
Trade or Business					

REFERENCES: Name three people who have known for you at least two years that we may contact (do not include relatives, former employers, or personnel of this practice):

Name	Address	Telephone	Relationship	Years Known
1. _____				
2. _____				
3. _____				

WORK HISTORY: (Start with most recent.)

Company Name: _____

Address: _____

Telephone Number: _____

Job Title: _____

Dates of Employment: _____ to _____ Pay Rate: _____

Supervisor Name: _____

Reason for Leaving: _____

Duties: _____

May we contact for reference? _____ Yes _____ No

Company Name: _____

Address: _____

Telephone Number: _____

Job Title: _____

Dates of Employment: _____ to _____ Pay Rate: _____

Supervisor Name: _____

Reason for Leaving: _____

Duties: _____

May we contact for reference? _____ Yes _____ No

Company Name: _____

Address: _____

Telephone Number: _____

Job Title: _____

Dates of Employment: _____ to _____ Pay Rate: _____

Supervisor Name: _____

Reason for Leaving: _____

Duties: _____

May we contact for reference? _____ Yes _____ No

List any special training or skills relevant to the position you are seeking: _____

What positions of leadership or responsibility have you held that are relevant to this position? _____

Indicate any other information about yourself that you believe would assist us in hiring you for this position: _____

APPLICANT'S STATEMENT

In making this application for employment, I understand that an investigation may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, and personal characteristics. I understand that I have a right to make a written request within thirty (30) days from the date of application to receive additional detailed information about the nature and scope of this investigation.

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give ENTA or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to ENTA

I understand that this employment application and other ENTA documents are not promises of employment. Should I be employed, I understand my employment will be on a trial period for ninety (90) days from the date of my hiring. I further understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, at any time, and that ENTA has a similar right. The practice may require specific performance and/or productivity that may change from time to time, and such requirement and performance may be the basis of continued employment. I understand that no manager or representative of the Practice has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that ENTA prohibits the use of alcoholic beverages, controlled substances, or illegal drugs while at work, on business trips, or during work hours.

The information given by me in this application is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the exclusive judgment of ENTA and/or its designee) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

Do Not Sign Until You Read And Understand The Above Statement.

Applicant Signature

Date