

Huntsville Pediatric and Adult Medicine Associates

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME: _____ SOCIAL SECURITY #: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO: _____ ARE YOU 18 YEARS OR OLDER? _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? _____

EMPLOYMENT DESIRED POSITION: _____ DATE YOU CAN START: _____ PAY RATE NEEDED: _____

HOW DID YOU LEARN OF JOB OPPORTUNITIES HERE? _____

WHY ARE YOU CONSIDERING A JOB CHANGE? _____

ARE YOU EMPLOYED NOW? _____ IF EMPLOYED, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS CLINIC BEFORE? _____ WHEN? _____

NOTE: SOME STAFF WORK AS EARLY AS 6:00 AM AND SOME AS LATE AT 9:00 PM.

HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WORK? _____

WHAT WORK HOURS AND DAYS DO YOU PREFER TO WORK? _____

WHAT HOURS ARE YOU AVAILABLE TO WORK? _____

Education	Name & Location of School	No. of Years attended	Did you Graduate?	Subjects Studied
High School				
College				
Other				

SUBJECTS OF SPECIAL STUDY: _____

SPECIAL SKILLS: _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.): _____

(EXCLUDE ORGANIZATIONS THE NAME OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, or NATION OF ORIGIN OF ITS MEMBERS).

DO YOU TYPE?: _____ IF SO, WHAT SPEED?: _____

DO YOU PLAN TO BE A STUDENT? ____ YES ____ NO If Yes, Please list (or attach) your class schedule.

U.S. MILITARY OR

NAVAL SERVICE EXPERIENCE:

RANK:

PRESENT MEMBERSHIP IN

NATIONAL GUARD OR RESERVES:

PLEASE LIST ANYONE YOU KNOW THAT WORKS HERE: _____

EMPLOYERS: (LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST):

DATE	NAME AND CITY OF EMPLOYER	PAY RATE	POSITION	REASON YOU DID LEAVE OR WISH TO LEAVE
From				
To				
From				
To				
From				
To				
From				
To				

WHICH OF THESE JOBS DID YOU LIKE BEST?: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB?: _____

REFERENCES: LIST FOUR WORK REFERENCES (YOUR SUPERVISORS):

SUPERVISORS NAME:	NAME OF BUSINESS:	PHONE NUMBER:
1		
2.		
3		
4.		

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE NUMBER

“I certify that all information on or referred to in this application is accurate and complete to the best of my knowledge and that I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of my police records, driving records, and credit history. I authorize release of this document to the references listed above and/or to any former and current employers. I authorize investigation of all statements contained herein and I authorize any former and current employers and the references listed above to give you any and all information concerning my employment and any information they may have about me. I hereby release all parties from all liability for any damage that may result from furnishing information to you. I understand and agree that, if hired, my work hours will be at my employer’s discretion and that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and with or without cause. I understand and agree that, if hired, I will come to work on a 90-day probationary period. If hired full time, I agree that my work hours will be at my employer’s discretion and will normally range between 36 and 40 hours per week.”

DATE: SIGNATURE:

Revised: 08/11/05