

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone #() _____ Mobile/Beeper/ Other Phone #() _____ Social Security # _____

If necessary, best time to call you at home is _____ AM
PM

May we contact you at work? Yes No

If yes, work number and best time to call () _____ AM
PM

If you are under 18 and it is required, you can furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) From _____ To _____

Are you legally eligible for employment in this country? Yes No

Date available for work _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-op

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever committed or been convicted of a crime which has not been expunged, annulled or sealed? Yes No

If yes, please explain (CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.)

Driver's license number if driving is an essential job function _____ State _____

Employment History

Please list your current and previous employers in chronological order with your current employer listed first. Be sure to account for all periods of time including military service and unemployment. Use additional paper if necessary.

Employer	Telephone ()	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		Rate	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference?		Rate	Per	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later

Employer	Telephone ()	Dates Employed		Summarize the type of work performed and job responsibilities
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Address				
Job Title		Hourly Rate/Salary		
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		Final		
May we contact for reference?		Rate	Per	
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		Final		
May we contact for reference?		Rate	Per	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later

Comments

PLEASE EXPLAIN ALL GAPS IN YOUR EMPLOYMENT HISTORY _____

Skills and Qualifications – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. School	B. Number of Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE ANY MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILAR PROTECTED STATUS.

Organization	Offices Held

Professional License # _____

List special accomplishments, publications, awards, etc.

EXCLUDE ANY MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILAR PROTECTED STATUS.

List any additional information you would like us to consider. _____

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Substance Abuse Screenings at Northwest Georgia Oncology Centers, P.C. are a condition of initial and continued employment.

I certify that all of the information I provide on the application and in interviews will be true and accurate.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____