

**FAMILY PHYSICIANS OF GREENEVILLE
EMPLOYMENT APPLICATION**

DATE OF APPLICATION: _____

NAME	POSITION APPLYING FOR
ADDRESS	PHONE or CONTACT #
HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HIGHEST GRADE ATTENDED _____ GED DATE _____

EDUCATION OR TRAINING AFTER HIGH SCHOOL _____

Name & Location	Dates	Credit Earned	Dates Attended	Major/Subject	Graduate	*Degree & Year

CURRENT CERTIFICATES OR LICENSES _____
Attach copies and/or transcripts

YEARS OR MONTHS OF APPLICABLE EXPERIENCE FOR POSITION (full time equivalent) _____

PREVIOUSLY EMPLOYED HERE? YES NO IN WHAT CAPACITY? _____

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment.)

JOB RELATED SKILLS

SPECIAL INTERESTS, SKILLS OR AWARDS _____

PERSONAL REFERENCES

Give below the names of three people not related to you whom you have known at least three years:

NAME	TELEPHONE #	YEARS KNOWN

EMPLOYMENT HISTORY

EMPLOYER:	FROM:
ADDRESS:	TO:
JOB TITLE:	HOURS/WEEK
DUTIES: (be specific)	SALARY: \$
	SUPERVISOR
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

REASON FOR LEAVING? _____

EMPLOYER:	FROM:
ADDRESS:	TO:
JOB TITLE:	HOURS/WEEK
DUTIES: (be specific)	SALARY: \$
	SUPERVISOR
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

REASON FOR LEAVING? _____

EMPLOYER:	FROM:
ADDRESS:	TO:
JOB TITLE:	HOURS/WEEK
DUTIES: (be specific)	SALARY: \$
	SUPERVISOR
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

REASON FOR LEAVING? _____

EMPLOYER:	FROM:
ADDRESS:	TO:
JOB TITLE:	HOURS/WEEK
DUTIES: (be specific)	SALARY: \$
	SUPERVISOR
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

REASON FOR LEAVING? _____

Have you been convicted or served a sentence for a misdemeanor in the past five years or a felony in the past ten years?

(Such conviction may be relevant if job related, but does not bar you from employment.)

YES NO If yes, please explain _____

If hired, when could you report to work? _____

CERTIFICATE OF APPLICANT

I hereby certify that all information in connection with the application is true and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand that misrepresentation will be sufficient grounds for rejection of application or removal from employment. I authorize my present and previous employers to release to the Family Physicians of Greeneville any information they may have regarding my character or employment record and release said employers from any damage or claim for furnishing said information. I hereby agree to such physical and/or mental examination as may be required.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

DATE

SIGNATURE