

Joan Smith, D.O.; P.A.

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APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability. Equal access to programs, services and employment is available to all persons.

PLEASE PRINT

Position Applied For _____

Last Name	First Name	Date of Birth	
Street Address	City	State	Zip
Daytime Phone Number	Evening Phone Number	Social Security Number	

How long have you lived at your current address? _____

Are you currently employed? Yes No

Are you currently authorized to work in the United States? Yes No

Are you available to work: Full Time Part Time Seasonal Temporary

Date available to start work? _____

What days are you **not** available to work? _____

Are you available for overtime? Yes No

Salary Requested? _____

Do you have a driver's license? Yes No

What is your means of transportation to work? _____

Have you been convicted of a felony within the past 5 years? Yes No

 If YES, please explain _____

Do you have any illness, or chronic medical problems, (i.e. back problems, depression)? Yes No

 If YES, please explain _____

Are you on any medications (i.e. anti depressants, blood pressure, anti anxiety)? Yes No

 If YES, please explain _____

EDUCATIONAL BACKGROUND

Did you graduate from high school or receive a GED.? Yes No

List post-secondary, undergraduate and graduate work: (College, University, Business or Trade School)

Name and Location	Course of Study	Degree or Certification	Honors Received

Skills and Qualifications - Summarize any training, skills, licenses, etc. that may qualify you as being able to perform job related functions in the position for which you are applying, be sure to include details on computer skills and experience.

EMPLOYMENT EXPERIENCE (attach additional sheets if necessary)

Start with your present or most recent job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1 - Employer		Dates Employed		Work Performed
		From	To	
Address				
Job title		Hourly Rate / Salary		
Supervisor	Phone	Starting	Final	
Reason for Leaving				
2 - Employer		Dates Employed		Work Performed
		From	To	
Address				
Job title		Hourly Rate / Salary		
Supervisor	Phone	Starting	Final	
Reason for Leaving				
3 - Employer		Dates Employed		Work Performed
		From	To	
Address				
Job title		Hourly Rate / Salary		
Supervisor	Phone	Starting	Final	
Reason for Leaving				

May we contact your present and past employers?

Yes

No

If NO, please identify _____

References - List the names of three references. **Exclude relatives and close friends!!!**

Name	Address	Telephone	Years Known

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from any liability all representatives of the company for their acts performed in good faith in connection with evaluation me and my credentials. I understand that this application is not intended to be a contract of employment; however, it does signify my willingness to appear for interviews in regard to my application.

Signature of Applicant _____

Date _____

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Position Applied For _____

EMPLOYEE REFERENCE INQUIRY

Top Portion to be Completed by Applicant (Do not Detach)
Submit along with Application for Employment

FORMER EMPLOYER (name, address, and phone number)

EMPLOYEE NAME (at time of employment) _____

POSITION HELD _____

SOCIAL SECURITY NUMBER _____

EMPLOYED FROM _____ TO _____

I HEREBY AUTHORIZE ALL CURRENT OR FORMER EMPLOYERS TO FURNISH: DR. JOAN SMITH, D.O.
WITH ANY INFORMATION CONCERNING MY EMPLOYMENT HISTORY WHICH THEY HAVE ON RECORD AND
HEREBY RELEASE THESE FORMER EMPLOYERS AND ALL INDIVIDUALS ASSOCIATED WITH THEM FROM
LIABILITY FOR ANY DAMAGES INCURRED IN FURNISHING SUCH INFORMATION.

SIGNATURE _____

DATE _____

PLEASE COMPLETE THE FOLLOWING EVALUATION CONCERNING THE PERSON WHOSE NAME APPEARS
ABOVE. YOUR RESPONSE WILL BE KEPT IN STRICT CONFIDENCE.

To Be Completed by Employer

JOB TITLE _____ EMPLOYED FROM _____ TO _____

REASON FOR LEAVING _____

	Excellent	Above Average	Satisfactory	Marginal	Poor
WORK QUALITY					
WORK QUANTITY					
JUDGMENT					
ORGANIZATIONAL ABILITY					
COOPERATION / ATTITUDE					
ATTENDANCE / PUNCTUALITY					

WOULD YOU REHIRE? YES _____ NO _____
IF NOT, WHY? _____

ADDITIONAL COMMENTS _____

DATE _____ SIGNATURE _____ TITLE _____