



Application for Employment

We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer questions as thoroughly as possible so we may review this information in consideration of employment within our organization. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, arrest or conviction or any other legally protected status. It is the purpose of Crouse Medical Practice, PLLC to help provide a safe and drug-free work environment for our clients and our employees. This practice regularly conducts pre-employment drug screening and all job offers are contingent upon the results of a satisfactory drug screening test.

PERSONAL

Date _____

Name _____ Email Address _____
 Last First MI

Address _____ Telephone # () _____
 Street City State Zip

Are you legally eligible for employment in the USA? Yes No Are you 18 years or older? Yes No

Position (s) applied for _____ Rate of expected pay \$ _____/week

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Would you work full-time part-time? Specify days and hours available _____

Were you previously employed by Internist Associates of Central New York? Yes No If yes, when _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of health care fraud? Yes No

Have you ever been excluded from a federally funded health care program? Yes No

For Office Use: OIG Check _____

If your application is considered favorably, when are you available for work? _____

Please state why you feel you are qualified for this position: _____

Americans with Disabilities Act Clarification. For the position you have applied a job description is attached describing the essential job functions. With or without reasonable accommodation, can you perform the essential job functions for the position your have applied? Yes No

EDUCATION

School Name	City and State	Major Course of Study	Last Grade Completed
High School:			
College:			
College:			
Business, Technical or Trade:			

Subjects of special study or research work _____

MILITARY SERVICE

Branch/Duty Location	Military Specialty	Highest Rank	Special Honors/Training

EMPLOYMENT HISTORY

Begin with your present or last job. Include any military service and volunteer activities. Exclude groups which indicate race, religion, sex, age, national origin or other protected groups.

Employer	Dates Employed From _____ To _____		Job Duties
Address			
Job Title	Annual Salary or Hourly Rate Start _____ Final _____		Reason for Leaving
Immediate Supervisor			

Employer	Dates Employed From _____ To _____		Job Duties
Address			
Job Title	Annual Salary or Hourly Rate Start _____ Final _____		Reason for Leaving
Immediate Supervisor			

Employer	Dates Employed From _____ To _____		Job Duties
Address			
Job Title	Annual Salary or Hourly Rate Start _____ Final _____		Reason for Leaving
Immediate Supervisor			

REFERENCES

Give the names of two persons not related to you whom you have known at least one year.

Name	Address and Phone #	Occupation	Years Known

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all my statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability and any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Signature _____ Date _____