

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.

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	PERSONAL				
Last First MI Address					
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 \$					
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Position (s) applied for					
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 Yes No New York, CNY Surgical Physicians or Crouse Medical Practice? If yes, when					
Would you work full-time part-time? Specify days and hours available Were you previously employed by Internist Associates of Central If Yes No New York, CNY Surgical Physicians or Crouse Medical Practice? If yes, when	/week				
Were you previously employed by Internist Associates of Central □ Yes □ No New York, CNY Surgical Physicians or Crouse Medical Practice? If yes, when					
New York, CNY Surgical Physicians or Crouse Medical Practice? If yes, when					
Have you ever been convicted of a felony?					
Have you ever been convicted of health care fraud?					
Have you ever been excluded from a federally funded health care program? Yes No 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 you have applied? \Box Yes \Box No

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

Subjects of special study or research work _____

MILITARY SERVICE

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

EMPLOYMENT HISTORY

Please complete this section even if you are attaching a resume or previously submitted a resume for consideration. Crouse Medical Practice will not be able to complete the employment process if there is incomplete or missing information.

Begin with your present or most recent job. Include any military service and volunteer activities. Exclude groups which indicate race, religion, sex, age, national origin or other protected groups. Please indicate if you were employed under a different last name at any employer.

<u>Please note:</u> to accurately and fairly determine pay, completion of all previous work experience is required in this section. If you need space than what is provided below, please attach a blank sheet of paper and complete additional employment history by including the information listed below for each.

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

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Address			
Job Title	Annual Salary or Hourly Rate Start Final		Reason for Leaving
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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 parities 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

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