



EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

## APPLICATION FOR AT-WILL EMPLOYMENT

**PLEASE COMPLETE FULLY - PRINT CLEARLY. READ DISCLOSURE STATEMENTS ON PAGE 3 BEFORE SIGNING APPLICATION.**

NAME Last	First	Middle
Please indicate any other names under which you have worked:		
ADDRESS:		Apt #
City	State	Zip Code
HOME PHONE NUMBER (            )		
OFFICE PHONE NUMBER (            )		CELLULAR PHONE NUMBER (            )
MESSAGE PHONE NUMBER (            )		Name of person where message can be left
REFERRAL SOURCE: <input type="checkbox"/> Company website <input type="checkbox"/> Walk In <input type="checkbox"/> Online Posting <input type="checkbox"/> Job Fair <input type="checkbox"/> Employee: _____ <input type="checkbox"/> Other _____		
Have you ever been convicted by Federal, State, or other law enforcement authorities for any violation of Federal Law, State Law, County or Municipal Law, Regulations or ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No   Answering "yes" will not necessarily be a bar to employment. All facts and circumstances will be fairly considered. Please explain/give details: _____		
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No   Have you ever been disciplined or fired from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform the essential functions of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please describe what you think would be an appropriate accommodation. _____		
Ask interviewer if you have questions about what essential functions are.		

### EMPLOYMENT INTEREST

Position Applying for:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call		Earnings Required:		Available to Start:			
				\$ _____ hr / wk / annual					
Hours Available Each Day		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours Per Week
	A.M.								
	P.M.								

## We Are Proud to be a Drug-Free Workplace

### EMPLOYMENT HISTORY

For the past 7 years including salary/wage history

Starting with the PRESENT or MOST RECENT, list all previous employers. Include self-employment, military service, summer and part-time jobs. If you need more space, continue on a separate sheet.

1 EMPLOYER					
Name of Company	From	Describe Your Position and Duties	Starting Salary	Reason for Leaving	Name and Title of Immediate Supervisor
Address	Mo.   Yr.				
	To				
City, State, Zip	Mo.   Yr.		Ending Salary		
Phone No.	Type of Business	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain Periods Between Jobs:					
2 EMPLOYER					
Name of Company	From	Describe Your Position and Duties	Starting Salary	Reason for Leaving	Name and Title of Immediate Supervisor
Address	Mo.   Yr.				
	To				
City, State, Zip	Mo.   Yr.		Ending Salary		
Phone No.	Type of Business	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain Periods Between Jobs:					
3 EMPLOYER					
Name of Company	From	Describe Your Position and Duties	Starting Salary	Reason for Leaving	Name and Title of Immediate Supervisor
Address	Mo.   Yr.				
	To				
City, State, Zip	Mo.   Yr.		Ending Salary		
Phone No.	Type of Business	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain Periods Between Jobs:					
4 EMPLOYER					
Name of Company	From	Describe Your Position and Duties	Starting Salary	Reason for Leaving	Name and Title of Immediate Supervisor
Address	Mo.   Yr.				
	To				
City, State, Zip	Mo.   Yr.		Ending Salary		
Phone No.	Type of Business	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain Periods Between Jobs:					

### Business References

Name and Title	Company	Phone Number
		(     )
Name and Title	Company	Phone Number
		(     )

## EDUCATION AND TRAINING

	Years Attended	Graduated?	Degree or Diploma
High School (Name, City, State)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College (name, City, State)	_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No    MO. / Yr. _____	
Post Graduate (name, City, State)	_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No    MO. / Yr. _____	
Business or Trade (name, City, State)	_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No    MO. / Yr. _____	

## SPECIAL SKILLS

List any special training, skills, hobbies, or interests you believe help qualify you for the position applied for: \_\_\_\_\_

\_\_\_\_\_

Software Knowledge: \_\_\_\_\_

Typing WPM: \_\_\_\_\_

## CERTIFICATION AND AGREEMENT

Please read carefully before signing.

- I hereby voluntarily and without duress agree to all the following terms. Any term listed below not in compliance with applicable laws will be void but in no way affects any other term.
- I declare and affirm that the information provided on the Application (and accompanying resume, if any) is true and complete. I understand and agree that any false statements or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I further affirm that I am completing this Application because I am sincerely interested in being employed by the Affiliated Medical Organizations (AMO) and not for any other purpose.
- In consideration of my being considered for employment, I authorize the AMO to investigate, at its discretion, my past employment record and to make further investigation as it deems proper with respect to my experience, character, and integrity and to verify the statement and answers continued herein. I agree to cooperate in such investigation, and I release all from liability or responsibility the AMO and its directors, officers, employees, and agents and all other persons or entities requesting or supplying information for the investigation. Except as otherwise protected by law or regulation, the information contained in this application is not confidential and may be used or reported by the AMO.
- I understand that this application in no way obligated the AMO to employ me. I also agree and understand that if employment is offered and accepted, such employment is for an indefinite term and is solely on an at-will basis. As an "employee-at-will": I understand and agree that either the AMO or myself may terminate my employment, at any time, with or without cause and with or without notice. I further understand that, if hired, my at-will employment status cannot be changed except by a written document specifically approved by the Board of Directors. I further understand that if employed, no supervisor, manager or other employee or representative of the Affiliated Medical Organizations, has the authority to change the at-will nature of my employment without Board approval and that any oral promises contrary to an at-will status are not binding upon the AMO.
- I understand and agree that if an offer of employment is made, I must provide documentation evidencing my authorization to work in the United States and required by the Immigration Reform and Control Act of 1986.
- I further understand and agree that, while the AMO may attempt to accommodate my individual preferences concerning assigned hours or work, at any time during my employment, business needs may make overtime or rotating work schedules necessary, and I accept such assignment as conditions of my continuing employment. I also agree never to disclose or to use for my personal benefit, confidential information of the AMO or its customers.
- I have read the above carefully and full understand its meaning and effect.

**SIGNED** \_\_\_\_\_  
Signature of Applicant

**DATE** \_\_\_\_\_

**FOR COMPANY USE ONLY DO NOT WRITE ON THIS PAGE**

**APPLICANT TRACKING**

<b>Position Applied For:</b>	
_____ Application Complete	Copy to _____ on _____
_____ Resume Received	_____ Final Disposition Entered
_____ AAP Entered	_____ NI Letter

**FOR INTERVIEWER'S USE**

NAME OF INTERVIEWER	DATE	DISPOSITION CODE

**SKILLS PROFICIENCY RESULTS**

SKILLS ASSESSMENTS	DATE	RAW SCORE	NET SCORE
			_____

**EMPLOYMENT VERIFICATION**

Background Investigation:	Licensure/Certification:
Reference:	Drug Test:
Reference:	Driving Record:
Education	Proof of Insurance:

**HIRE INFORMATION**

Starting Date: _____	Job Title: _____	Job Code: _____
Dept #: _____	Starting Rate: _____	Social Security #: _____
		File #: _____

## CONSUMER REPORT NOTICE AND AUTHORIZATION

### Notice to Affiliated Medical Organization Applicant or Employee:

The Affiliated Medical Organizations (AMOs) may obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. The AMOs may use this information as a factor in evaluating you for employment purposes.

### Authorization for the Affiliated Medical Organizations to Obtain a Consumer Report:

I, \_\_\_\_\_, hereby authorize the Affiliated Medical Organizations to obtain a consumer credit report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for use as a factor in evaluating me for employment purposes.

### Please print all information.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Other names used (maiden, etc.): \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthday (do not give year) Month: \_\_\_\_\_ Day: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AMO APPLICANT DATA RECORD

Please print all information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment. Submission of information is voluntary. Whether you choose to provide this information and the information provided will have no bearing on the hiring decision.

Please check one:

**Gender**

- Female
- Male

**Race/Ethnic Group**

- Hispanic or Latino
- White
- Black or African American
- Native American or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or more races

Comments: \_\_\_\_\_

\_\_\_\_\_