

jobs@citydoc.net

APPLICATION FOR EMPLOYMENT

Please Print

Name (Last, First, Middle)					AL CECI		
			SOCIAL SECURITY#				
Current Home ADDRESS (Street, City, State	e. Zip	Code)				
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ARE YOU 18 YEARS OF AGE OR OLDER? (circle one) YES NO	?	HON	ME PHC	NE#		CELL#	
(circle one) TES NO							
E-MAIL ADDRESS FAX#						ER CONTAC	CT # IF
					AVA	ILABLE	
HOW DID YOU LEARN ABOUT CITYDOC?	>				_		
Employee Referral (Name)				Ad			
Employment Agency (Name)				Other			
HAVE YOU EVER WORKED FOR THIS CO	MPAI	NY?	YES	NO			
(If yes, department and years worked)							
IN CASE OF AN EMERGENCY, PLEASE N	IOTIF	Y (Nai	me, Ado	dress, P	hone)		
,		,	,	,	,		
Goals, Preferences, Skills, and Interests							
POSITION DESIRED			SALARY DESIRED				
DATE AVAILABLE		+	HOURS	S PREF	ERRED	(circle one)	
			Full-time Part-time				
UNIQUE SKILLS AND OTHER INTERESTS	? Oth	er La	nguages	s, Hobb	ies, etc.		
Education							
HIGH SCHOOL/GED (NAME &	Diplo	ma	GE	ED?	Can pro	oof of educat	ion be supplied?
LOCATION)		N	Υ	N		Y N	
COLLEGE (S) (NAME & LOCATION)	Degr	ee	Y	ear	Ma	jor/Minor	If Non-
	Receiv		Grad	luated		Subject	Graduate
	Υ	N					%Completed
	'	14					
	Υ	N					
GRADUATE SCHOOL	Υ	N					
OTHER/ BUSINESS OR TRADE	Υ	N					
SCHOOL							
COMPUTER SKILLS			TYPI	NG/ AF	PROXIN	ATE WPM	
LIST BUSINESS OR MEDICAL EQUIPMEN	IT OU	ED AT	ED.				

Previous Employment Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, disabilities or other protected status. **Employed From Employed To** Work Performed **Employer** Address Telephone Number(s) Starting Job Title Present Job Title Starting Hourly Final Hourly Rate/Salary Rate/Salary Supervisor (Name, Title) May We Contact? YES NO Reason For Leaving or Desiring to Leave Employer **Employed From Employed To** Work Performed Address Telephone Number(s) Starting Job Title Present Job Title Starting Hourly Final Hourly Rate/Salary Rate/Salary Supervisor (Name, Title) May We Contact? YES NO Reason For Leaving or Desiring to Leave Employer **Employed From Employed To** Work Performed Address Telephone Number(s) Starting Job Title Present Job Title Starting Hourly Final Hourly Rate/Salary Rate/Salary Supervisor (Name, Title) May We Contact? YES NO Reason For Leaving or Desiring to Leave **Employer Employed From Employed To** Work Performed Address Telephone Number(s) Starting Job Title Present Job Title Starting Hourly Final Hourly Rate/Salary Rate/Salary YES Supervisor (Name, Title) May We Contact? NO Reason For Leaving or Desiring to Leave Licenses, Certifications, Registrations (Please list all and indicate if current, list additional on back if needed)

Comments Include explanations of any gaps in employment, continue on back if needed	

Do you have a legal right and necessary documents to work in the U.S.? YES NO (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.) Were you ever discharged by any company? YES NO If yes, please give the name of the company(ies) and reason for discharge. Have you been convicted of, or have you pleaded guility or no contest to a felony offense? If yes, please explain: References: (List References who are not relatives) NAME RELATIONSHIP PHONE ALT. PHONE YEARS KNOWN Military Record HAVE YOU PREVIOUSLY SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES NO IF YES, FILL OUT ENTIRE SECTION. Military Entry Date Entry Date Entry Rank Separation Separation Specially SPECIALIZED TRAINING ARE YOU A MEMBER OF RESERVE OR NATIONAL GUARD? YES NO EXPECTED DISCHARGE DATE: LIST SERVICE AWARDS, COMMENDATIONS Remarks: MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION Equal Employment Opportunity Policy CityDos strives to ensure and promote equal opportunity for all persons employed or seeking employment with the company, without regard to race, color, religion, age, sex, national origin or handicap. Employment Understanding By signing my name below, I certify that the answers given in the application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment desired that any employment relationship with the company in the application or during a pre-employment interview, including a failure to disclosure requested information may result in my discharge. Lunderstand that any employment relationship with the employee at any time, with or without cause. I associated information as to my character, general reputation, personal characteristics, and mode of living, whichever may be application as to my character, general reputation, personal characteristics, and mode of living, whichever may be engiable in it	Legal									
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Signature Date:										
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AUTHORIZATION FOR RELEASE OF INFORMATION

I request and authorize Emergency Medicine Specialists Group, LLP, D/B/A CityDoc, as well as other institutions with which I have been or may have been associated with to release information, records, and documents concerning my professional qualifications, competence, ethics, character, and my ability to work cooperatively with others.

Certification

BY my signature below, I certify that all information submitted in my application and in all supporting documents is true, complete and correct. I agree to supplement the information in my application and supporting documents should any statement, although true when made, become untrue due to a change in circumstances or discovery of new information.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid from the date signed.

Signature of Applicant	Date Signed
Printed/Typed Name of Applicant	
Signature of Witness	Date Signed
Printed/Typed Name of Witness	

APPLICANT DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that an investigative report may be made in connection with your employment with CityDoc. In the event an investigative report is requested, you are entitled to know and are hereby advised that the nature and scope of the investigation will be to obtain applicable information concerning your habits, actions, and performance. This check is a criminal background check, not a credit check.

If your employment is denied, either wholly or partly, because of information contained in a report, a disclosure will be made to you of the name and address of the agency making such report.

I have read and understand the above:

Signature of Applicant	Date Signed
Printed/Typed Name of Applicant	
Signature of Witness	Date Signed
Printed/Typed Name of Witness	

In order to complete a full background check, we will need you to complete the following information. Please include addresses for the last FIVE YEARS. (COUNTIES ARE REQUIRED)

APPLICANT'S CURRENT ADDRESS

NAME / Last, First, Middle	MAIDEN
CURRENT HOME ADDRESS (Street, City, State , Zip Code)	COUNTY
SOCIAL SECURITY#	

PREVIOUS ADDRESSES				
CITY	COUNTY			
STATE (or COUNTRY)	DATES (From-To)			
CITY	COUNTY			
STATE (or COUNTRY)	DATES (From-To)			
CITY	COUNTY			
STATE (or COUNTRY)	DATES (From-To)			