



EMPLOYMENT APPLICATION

415 South 28th Avenue, Hattiesburg, Mississippi 39401
Job Line: (601) 268-5803
Fax Number: (601) 579-5152
Website: www.hattiesburgclinic.com

Thank you for completing an application for employment with Hattiesburg Clinic P.A. Your application will be reviewed and remain active for 90 days. If you have not been contacted after 90 days, you will need to complete another application in order to continue to be considered for employment. We regretfully cannot respond to all applications due to the large volume we receive.

Date: _____

APPLICANT INFORMATION

Name _____ Social Security No. _____
Present Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Alternate Phone Number _____
Email Address _____

Positions Applying For:

- 1. Job Title _____ Salary Desired _____
2. Job Title _____ Date Available for Employment _____
3. Job Title _____ Can you work overtime? () Yes () No

Employment Status Desired: () Full-time () Part-time () Temporary () Summer () PRN

Are you willing to work? (Mark any that apply)

() On Call () Rotating Shifts () Nights () Weekends () Holidays () Travel

How were you referred to this organization? _____

Do you have any relatives that work for this organization? () yes () no

If yes, Name _____ Relationship _____

Department _____

Have you ever been employed by this organization? () yes () no

If yes, position _____ Department _____ From _____ To _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? () yes () no

Are you older than 18? () yes () no

After a conditional offer of employment, are you willing to undergo a physical exam and/or drugscreen? () yes () no

Do you have any commitments to another employer that might affect your employment with us? () yes () no

If yes, please explain _____

Since reaching 18, have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.) () yes () no

If yes, please explain _____

Military service? () yes () no If yes, from _____ to _____

Branch of service _____ Highest rank obtained _____

SKILLS – indicate the following skills you possess:

() Ten-Key Calculator () Microsoft Word () Microsoft Excel () Microsoft Access () Microsoft PowerPoint

() Microsoft Windows () Microsoft Outlook

Other job-related skills: _____

EDUCATION

High School Attended _____ Location _____

Did you graduate? () yes () no

Did you earn a GED? () yes () no

<u>College or Technical Schools Attended</u>	<u>City and State</u>	<u>Did you graduate?</u>	<u>Degree/Major</u>
_____	_____	() yes () no	_____
_____	_____	() yes () no	_____
_____	_____	() yes () no	_____
_____	_____	() yes () no	_____

Professional Licenses/certifications

<u>Type</u>	<u>State</u>	<u>Exp. Date</u>	<u>Registration Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES- List three individuals (**not relatives or employers**) who are acquainted with your work history.

<u>Name</u>	<u>Title/Occupation</u>	<u>Company</u>	<u>Telephone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION- List three individuals who can be contacted in the event of an emergency.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY- Please complete employment history even if resume is attached. List all of your employment history starting with your current or most recent job.

Employer _____ Type of Business _____
Address _____ Phone Number _____
Date Started _____ Date Left _____ Supervisor's Name _____
Final Rate of Pay _____ Name Used (if Different) _____
Job Title _____ Reason for Leaving _____
Job Duties _____

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Address _____ Phone Number _____
Date Started _____ Date Left _____ Supervisor's Name _____
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Address _____ Phone Number _____
Date Started _____ Date Left _____ Supervisor's Name _____
Final Rate of Pay _____ Name Used (if Different) _____
Job Title _____ Reason for Leaving _____
Job Duties _____

May we contact your current employer? () yes () no Has notice been given to your present employer? () yes () no

Explain any periods of unemployment (other than military service):

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, religion, race, national origin or handicap.) _____

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information 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 understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official other than the chief executive officer of the employer has any authority to enter into agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Date _____ Signature _____

FOR HUMAN RESOURCES USE ONLY

If selected for an interview, the applicant will review job functions and answer the following questions at that time:

1. After reviewing the functions of the job for which you are applying, are you able to perform these functions without reasonable accommodation? () yes () no
2. If you are not able to perform these task without reasonable accommodation, how would you perform the task and what accommodation would be needed?

<u>Application Status</u>	<u>Date</u>	<u>Initials</u>
Coded ()	_____	_____
Input ()	_____	_____
Interviewed ()	_____	_____
References Checked ()	_____	_____