Consultants in Pain Medicine APPLICATION FOR EMPLOYMENT

CONSULTANTS IN PAIN MEDICINE ACCEPTS APPLICATIONS AND RESUMES FOR CURRENT JOB OPENINGS. WE OFFER EQUAL EMPLOYMENT OPPORTUNITY TO ALL BASED UPON INDIVIDUAL MERIT AND WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY.

GIVE COMPLETE ANSWERS AND PRINT CLEARLY.

Personal Information							
Last Name		First Name		Middle Name			
Are you at least 18 years of age?		Social Secu	irity Number		Тс	oday's Date	
		Home A	Address				
Street		С	ity	State		Zip	
		Phone N	lumbers				
Home Phone	Home Phone		Cellular		Pager		
()		()	()		й ()		
Position Applying For:			I		,		
Salary Requested:							
Have you ever been employed by this facility? Yes No If Yes, provide positions and dates:							
Position	Da	tes (from/to)	rom/to) Position			Dates (from/to)	
If you have employment records under another name(s) please list:1)2)3)							
Are you a relative of a current employee? (A "YES" answer is not an automatic bar to employment) Yes No If "Yes" please give the following information:							
Name:		Relationship:	_ Relationship: De		partment:		
Name: Department			nt:				
Do you possess a current/valid driver's license? Yes No							
Are you either a citizen or an alien who has the legal right to work in the job for which you are applying? Yes No (Pursuant to the Immigration Reform and Control Act of 1986, all applicants upon being made an offer of employment must provide documents, which are specified by the Federal Government establishing their identity and authorization to work in the United States.							
Are you able to perform the essential functions of the job for which you are applying?							

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Education							
	S	School Name and Lo	ocation	Course of Study/Degr	ee No. Years Completed		
Grade School							
Jr. High/High School							
Trade School							
College							
Other							
	Pro	fessional Licer	nses and/or Cer	tifications			
Тур	e	State Issued	Date	License/Cert Number	Expires		
Skills							
Typing Approx. WP	M:	Knowledge of Medical Terminology? Yes No					
Shorthand Approx. WPM: Word Processing? Yes No Transcription? Yes No					Yes No		
Software, Business Machines, Foreign Languages, Sign Language, Other Skills and Abilities:							
Would you accept: Shift or hours you can work: Can you work overtime when scheduled or requested?					ed?		
Full Time A.M. Dates you are available to work:			to work:				
Part Time P.M.							
PRN Nights							

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List all previous employers for whom you have worked during the last five years and any other employment which reflects experience related to the job for which you are applying. Explain any lapses between times when employed. List most recent job first.

Employment History					
Employed (M					
From	То	Employer	Employer Phone Number		
					
Job	o Title	Employer Address (Street, City, State, Zip)			
	alary	Immediate Supervisor			
3	alaly	Immediate Supervisor Reason for Leaving			
Describe Job	& Duties:				
Employed (M	lonth/Year)				
From	То	Employer	Employer Phone Number		
Job	o Title	Employer Address (Street, City, State, Zip)			
Sa	alary	Immediate Supervisor	Reason for Leaving		
Describe Job	& Duties:				
			1		
Employed (M		-			
From	То	Employer	Employer Phone Number		
l a k	T :4 -	Frankruge Addresse (Otrest, Otto, Otete, Zin)			
Job	Job Title Employer Address (Street, City, State, Zip)				
	alary	Immediate Supervisor	Reason for Leaving		
	aidi y				
Describe Job	& Duties:				
Describe oor	o d Dulles.				
Have you ever been discharged from a job or forced to resign? Yes No					
If "Yes" please explain:					
May we contact your present employer?					
Make any comments you feel we should be aware of when we contact employers.					

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Have you ever been convicted of a felony? Yes No				
If "Yes" explain the nature of the offense(s), date(s) of conviction(s), and the penalty(s) imposed.				
The nature of any crime and recentre	ess of conviction will be considered in relation to the	position for which you are applying.		
CO	NTACT IN CASE OF EMERGEN	CY		
Name	Relationship	Phone Number		
	Applicants Must Read and Sign			
In making this application for employment, I certify that the statements I have made are true, complete and correct, and I agree that any false or misleading statements or misrepresentations herein, whenever discerned, are grounds to refuse or to terminate my employment.				
I authorize the investigation, at any time, on any or all statements contained in this application and any attached application materials and/or statements made by me during the employment selection process. I also authorize any public entity, person, school, current employer (except as previously noted), past employer and organization, whether named in this application or not, to provide relevant information and opinions that may be useful in making a hiring or other employment decision. I release such persons and organizations from any legal liability in making such statements.				
If employed, I understand and agree to conform to the rules and regulations of Consultants in Pain Medicine. Further, I understand and agree that employment at Consultants in Pain Medicine is employment "at will" and that my employment may be terminated at any time, with or without cause by the employer, or by me. I understand that no employee or representative of Consultants in Pain Medicine other than the CEO of Consultants in Pain Medicine has any authority to enter into any agreement, whether orally or in writing, guaranteeing my employment for any specified period of time, nor to make any agreement contrary to the foregoing.				
Name (Please Print)				
Signature				

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Employment References Name of at least three persons, not related to you, whom you have worked with for at least one year.				
Name	Phone	Years Known	<u>Business</u>	

Interviewed By:	Date:
Offer:	Accepted:
Start Date:	Accepted: Position: