

Consultants in Pain Medicine

APPLICATION FOR EMPLOYMENT

Education

	School Name and Location	Course of Study/Degree	No. Years Completed
Grade School			
Jr. High/High School			
Trade School			
College			
Other			

Professional Licenses and/or Certifications

Type	State Issued	Date	License/Cert Number	Expires

Skills

Typing Approx. WPM:	Knowledge of Medical Terminology? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Shorthand Approx. WPM:	Word Processing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transcription? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Full Time	<input type="checkbox"/> A.M.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Part Time	<input type="checkbox"/> P.M.	Dates you are available to work:	
<input type="checkbox"/> PRN	<input type="checkbox"/> 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 (Month/Year)			
From	To	Employer	Employer Phone Number
Job Title		Employer Address (Street, City, State, Zip)	
Salary		Immediate Supervisor	Reason for Leaving
Describe Job & Duties:			
Employed (Month/Year)			
From	To	Employer	Employer Phone Number
Job Title		Employer Address (Street, City, State, Zip)	
Salary		Immediate Supervisor	Reason for Leaving
Describe Job & Duties:			
Employed (Month/Year)			
From	To	Employer	Employer Phone Number
Job Title		Employer Address (Street, City, State, Zip)	
Salary		Immediate Supervisor	Reason for Leaving
Describe Job & Duties:			
Have you ever been discharged from a job or forced to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes" please explain:			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 recency of conviction will be considered in relation to the position for which you are applying.

CONTACT IN CASE OF EMERGENCY

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 _____ **Date** _____

