



Date \_\_\_\_\_

P.O. Box 800135  
LaGrange, Georgia 30240

## APPLICATION FOR EMPLOYMENT

I. PERSONAL INFORMATION			
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Home Phone Number	Business Phone Number	Social Security Number	
In Case of Emergency Notify:	Name	Address	Phone Number

II. EMPLOYMENT DESIRED						
Position	Date Available	Employment	FT	PT	TEMP	Salary Desired

III. EDUCATION							
Type of School	Name and Address	From Mo./Yr.	To Mo./Yr.	Graduated		Degree	Major
				Yes	No		
Elementary							
High School (G.E.D.)							
College Undergraduate							
College Graduate							
Vocational / Business							
Other							

#### IV. LICENSES & SPECIAL SKILLS

List the Number, Expiration Date, and State of Issuance of any Professional or Occupational License you hold:

Have you ever had your license revoked or restricted for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to this question, When? \_\_\_\_\_ Month \_\_\_\_\_ Year

For what reason?

Do you type? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ WPM Do you know medical terminology? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you use dictating equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No Do you have experience with Medicare? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any office/computer equipment you operate \_\_\_\_\_

List software used

List any other special skills you have. \_\_\_\_\_

#### V. GENERAL INFORMATION

Convictions (not arrests) for felonies \_\_\_\_\_

Have you ever worked in the Medical Park before? \_\_\_\_\_ If yes, give date and medical practice name: \_\_\_\_\_

List any friends or relatives working in the Medical Park: \_\_\_\_\_

#### VI. EMPLOYMENT HISTORY

**INSTRUCTIONS:** Beginning with your present or most recent employer, please list in order all employment. Please specify if any of these employments are recorded under another name.

May we contact \_\_\_\_\_ present \_\_\_\_\_ past employers? (A check signifies yes)

Name of Employer:	Date of Employment: From _____ Mo. _____ Yr. to _____ Mo. _____ Yr.
Address of Employer:	Salary: Beginning _____ Ending _____
Phone Number of Employer if Known:	Supervisor: Name _____ Title _____
Job Title and Specific Duties	
Reason for Leaving:	

Name of Employer:	Date of Employment: From _____ Mo. _____ Yr. to _____ Mo. _____ Yr.
Address of Employer:	Salary: Beginning _____ Ending _____
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Job Title and Specific Duties	
Reason for Leaving:	

**VII. PERSONAL REFERENCES**

Name of three persons not related to you that you have known at least one year.

NAME	ADDRESS	BUSINESS & POSITION	TELEPHONE
1.			
2.			
3.			

**PLEASE READ CAREFULLY**

MEDICAL PRACTICES WITHIN GENESIS PHYSICIANS, INC. ARE EQUAL OPPORTUNITY EMPLOYERS AND DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, CITIZENSHIP, NATIONAL ORIGIN, OR DISABILITY. FURTHER, OUR MEDICAL PRACTICES DO NOT DISCRIMINATE ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS AT LEAST 40 YEARS OF AGE.

I UNDERSTAND THAT ANY MEDICAL PRACTICE WITHIN GENESIS PHYSICIANS, INC. MAY DETERMINE MY SUITABILITY FOR EMPLOYMENT AND I HEREBY AUTHORIZE ACCESS TO ANY RECORDS CONCERNING MY EDUCATIONAL OR EMPLOYMENT BACKGROUND. I FURTHER UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS REQUESTED IS CAUSE FOR DISMISSAL.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**VIII. COMMENTS**

Large empty rectangular box for comments.