



# Employment Application

Please read these instructions carefully.

- To be considered an applicant to East Hill Family Medical, you must complete all parts of this application and sign the Applicant Statement. Incomplete applications will not be considered. Please use additional sheets of paper if necessary, to provide all the requested information. You may attach a resume; however, this application must still be completed.
- If you need help filling out this application, or for any phase of the employment process, please let us know, and every reasonable effort will be made to accommodate your needs.

*All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.*

Last Name	First Name	Middle Name	Primary Phone
Work Phone	Other Phone	Email	
Current Address - Street/Apt #		City	State Zip Code
If hired can you prove that you are eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you over the age of 18 years? (If no you may be required to provide authorization to work.) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Position desired:		Have you been previously employed by East Hill Family Medical? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?                      What position?	
Please check all that you are available for: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes                      If yes, month and year:	
When would you be able to start work?		Minimum acceptable starting wage: \$ _____ per _____	
What days/hours are you available to work?  Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		What made you apply at East Hill Family Medical? <input type="checkbox"/> Online Ad <input type="checkbox"/> other ad _____ <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Walk-in/self <input type="checkbox"/> Other: _____  If referred by person, list name: _____	

## Employment History

Begin with your most current or recent position. Although a resume may be attached, you must complete this section. **If you have had additional employers, please attach another sheet of paper containing the same information as asked for below.**

Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Position Title		Ending/Current Position Title	
Date Left	Supervisor Name & Title		Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Position Title		Ending/Current Position Title	
Date Left	Supervisor Name & Title		Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Position Title		Ending/Current Position Title	
Date Left	Supervisor Name & Title		Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Position Title		Ending/Current Position Title	
Date Left	Supervisor Name & Title		Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Position Title		Ending/Current Position Title	
Date Left	Supervisor Name & Title		Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Position Title		Ending/Current Position Title	
Date Left	Supervisor Name & Title		Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

## Other History

Have you ever been fired from a position or otherwise asked to resign?  No  Yes If yes, please explain:

Have you ever had any employment that is not listed on the previous page?  No  Yes If yes, please explain.

Please describe any military service you had, including dates:

## Education

	School Name & Location	Degree Earned	Course of Study
High School		<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED / HSE	
Business/Trade/Technical		<input type="checkbox"/> None <input type="checkbox"/> List:	
College		<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
Graduate Studies		<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Other (explain)	

## Training

Please describe any training you have had that would be relevant to the job for which you are applying:

## Special Skills

Please list any skills, professional licenses, or accreditations you possess that are not reflected elsewhere in this application:

## Additional Information

Please tell us anything else that may help us with our hiring decision:

## References

Give name, address and telephone number(s) of three professional references for individuals that are not related to you.

Name	Address, including email	Phone
1.		
2.		
3.		

## Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filling of this application with East Hill Family Medical is a preliminary step to employment. It does not obligate the Organization to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving satisfactory background and reference checks as authorized by this statement and any other statements I may be asked to sign. I understand that if I receive a contingent offer of employment and I accept the position, I may be required to complete additional information necessary for record keeping requirements. I agree to abide by all East Hill Family Medical policies and procedures as outlined within East Hill Family Medical policies, memos, and other documents.

I authorize East Hill Family Medical to check all references from current and previous employers and other references that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize East Hill Family Medical and/or its agents to verify any of the information furnished in this application and other background information deemed appropriate by the Organization.

By signing this application, I authorize all persons, schools, and companies and law enforcement authorities and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, and law enforcement authorities and agencies from any liability for damages whatsoever for issuing this information to the Organization or its agents. East Hill Family Medical will keep all such information confidential except where such information is required to be released by law, order of a court or other authority, or by any contractual agreement.

I understand and hereby acknowledge that any employment relationship with East Hill Family Medical is at will, which means that, if I am hired, my employment with the Organization is not for a fixed period of time and that I may resign at any time and East Hill Family Medical may terminate my employment and compensation at any time. I further agree that this at will employment relationship may not be changed by any written document or by conduct of any East Hill Family Medical employee or official.

--	--

Applicant Signature

Date

*Thank you for completing an application for employment with East Hill Family Medical.  
We appreciate your interest in working with us!*