

EMPLOYMENT APPLICATION

The information requested in this application is intended to obtain the information that Access Medical Associates (hereinafter AMA) needs to determine whether you meet the requirements for the position for which you are applying. Access Medical Associates is an equal opportunity employer that recruits, hires, trains, and promotes in all job titles without regard to race, color, creed, national origin, gender, pregnancy, sexual orientation or preference, marital status, sex, religion, age, military service, or disability or handicap.

Position: _____

Salary Requirements: _____

Date of Application: _____ **Date Available:** _____

Have you ever applied for a position with Access Medical Associates before?

Yes No **If yes, please answer the following:**

Position: _____

Date of Application: _____

Have you ever worked for Access Medical Associates before?

Yes No **If yes, please answer the following:**

Position: _____

Date of Employment: _____ to _____

PERSONAL INFORMATION

Name: _____ **Date of Birth:** _____

Street: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone #:** _____

Cell Phone #: _____

E-mail: _____ **SS #:** _____

If you are hired, can you provide proof that you are legally entitled to work in the United States? Yes No

EDUCATION

Dates Attended:		Name of School (High School, College, Other)	Course of Study (Majors & Degrees)
<i>From:</i>	<i>To:</i>		

MILITARY SERVICE DATA

Have you ever served in the US Armed Forces?

Yes No

If yes, please give dates of services: *From:* ___/___/___ *To:* ___/___/___

REFERENCES

List (with address & phone number) the names of three people who are familiar with your character, ability, or education for more than one year. Please do not include friends or relatives.

1.

Name: _____

Phone Number: _____

Address: _____

2.

Name: _____

Phone Number: _____

Address: _____

3.

Name: _____

Phone Number: _____

Address: _____

EMPLOYMENT HISTORY

Please list all previous employers (most recent first.)

Employer's Name: _____

Employer's Address: _____

Title: _____ **Supervisor:** _____

Date Started: _____ **Date Left:** _____ **Salary:** _____

Reason for Leaving: _____

Employer's Name: _____

Employer's Address: _____

Title: _____ **Supervisor:** _____

Date Started: _____ **Date Left:** _____ **Salary:** _____

Reason for Leaving: _____

Employer's Name: _____

Employer's Address: _____

Title: _____ **Supervisor:** _____

Date Started: _____ **Date Left:** _____ **Salary:** _____

Reason for Leaving: _____

Employer's Name: _____

Employer's Address: _____

Title: _____ **Supervisor:** _____

Date Started: _____ **Date Left:** _____ **Salary:** _____

Reason for Leaving: _____

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

In the event that the applicant agrees to accept a position with Access Medical Associates, the applicant agrees that the employment relationship between the company and the employee is an at-will relationship and that the employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either AMA or the employee.

I certify that the information contained in this application is correct. If AMA determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and/or discharged from employment in accordance with company policy.

I hereby grant permission to Access Medical Associates to investigate the information contained in this application and release the company and any agents or other persons acting on behalf of AMA from any and all liability relating to any investigation of the information contained in this application.

Signature of Applicant

Date