



APPLICATION FOR EMPLOYMENT
(Equal Employment Opportunity Employer)

GENERAL

Name: _____

Address: _____

Telephone: (____)-_____ Cell Phone: (____)-_____

Date Available for Employment: _____

Are you employed now? Yes No

May we contact your current employer? Yes No

If YES, Contact Name: _____ Telephone: (____)-_____

Are you prevented from lawfully becoming employed in this country because of
Visa or Immigration status? Yes No

Name of position you are seeking: _____

Desired wages: _____

Can you perform the essential functions of the job(s) for which you are applying?
 Yes No

Education

High School: _____ Completed: Yes No

College: _____ Completed: Yes No

This employer is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

Special Skills, Qualifications and Considerations:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

References

List three non-relatives who are familiar with your qualifications, work history and ability.

<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
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1. _____

2. _____

3. _____

Employment Experience

List your last three jobs in order. Do not omit any job.

Employer: _____

Employed from: _____ to _____ (month/year) Telephone: (____)-_____

Address: _____

What did you like most about your job?: _____

What did you like least about your job?: _____

Reason for leaving: _____

Employer: _____

Employed from: _____ to _____ (month/year) Telephone: (____)-_____

Address: _____

What did you like most about your job?: _____

What did you like least about your job?: _____

Reason for leaving: _____

Employer: _____

Employed from: _____ to _____ (month/year) Telephone: (____)-_____

Address: _____

What did you like most about your job?: _____

What did you like least about your job?: _____

Reason for leaving: _____

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

Yes No

I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of Salem Gastro or my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement signed by a physician partner.

Yes No

I also understand that no representative of Salem Gastro has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment except as specifically stated in a current individual written agreement signed by a physician partner.

Yes No

I have read, understand and agree with the above.

Signature of Applicant

Date

This application is valid for only 90 days from the date I signed. If I want to be considered for job openings more than 90 days from date signed, I will submit a new application.