



APPLICATION FOR EMPLOYMENT

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: (____)-_____

Name of position(s) you are seeking: _____

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

If position(s) require a license or certification please provide documents to prove you meet the requirements. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed.

Education

High School: _____

Completed: ☐ Yes ☐ No

College: _____

Completed: ☐ Yes ☐ No

Special Skills, Qualifications and Considerations:

Summarize special skills and qualifications related to the job you are seeking:



References

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

Name	Occupation/Relationship	Years Known	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Employment Experience

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

1.) Employer: _____

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

Address: _____

What did you enjoy the most about your previous job?

What did you enjoy the least about your previous job?

Reason for leaving your previous job: _____

2.) Employer: _____

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

Address: _____



What did you enjoy the most about your previous job?

What did you enjoy the least about your previous job?

Reason for leaving your previous job: _____

3.) Employer: _____

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

Address: _____

What did you enjoy the most about your previous job?

What did you enjoy the least about your previous job?

Reason for leaving your previous job: _____



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 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.

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.