



Application for Employment

Thank you for your interest in Emergency Physicians Medical Center. Please complete the form below to apply for a career in a dynamic, energetic and customer-focused environment.

What position are you applying for? _____

Tell us about yourself:

Name _____		
FIRST	MIDDLE	LAST
Address _____		
STREET	CITY	STATE
Home Phone _____	Cell Phone _____	Email Address _____
Social Security# _____	Drivers License # _____	

Education and Training:

	Name and Location	Graduated Date	Type of Degree
High School			
College/University			
Trade			
Other			

Certifications/Licenses:

Professional License/ Technical Certificate	Number	State

Has your license or certification ever been under investigation? Yes No
 Has your license or certification ever been revoked or under suspension? Yes No
 If yes, please explain. _____

Work History:

Most Recent Employer		Position
Address	City/State	Telephone
Job Title	Start Date	End Date
Supervisor	Starting salary	Ending salary
Summary of duties		
Reason for leaving		

May we contact your present employer? Yes No

Prior Employer		Position
Address	City/State	Telephone
Job Title	Start Date	End Date
Supervisor	Starting salary	Ending salary
Summary of duties		
Reason for leaving		

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Address	City/State	Telephone
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Supervisor	Starting salary	Ending salary
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Applicant Agreement

Equal Opportunity Employer: Emergency Physicians Medical Center is an equal opportunity employer. It is our policy to comply with all applicable federal, state and local laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, medical conditions or other protected classifications.

Americans With Disabilities Act: It is our policy to provide reasonable accommodations to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Drug Screens: Prior to placement and throughout employment with Emergency Physicians Medical Center, Applicant consents to a urine, blood or breath sample for the purposes of an alcohol, drug, intoxicant or substance abuse screening test.

Background Checks: Prior to placement and throughout employment, Emergency Physicians Medical Center may conduct background checks of any kind for any purpose Emergency Physicians Medical Center considers reasonable.

Applicant's Commitment:

The information that I have provided on this application for employment is true and complete to the best of my knowledge. I understand that any false statements, omissions or misstatements can be justification for refusal of employment, or if employed, result in termination of employment.

I authorize Emergency Physicians Medical Center to make an investigation of any of the facts set forth in this application, including obtaining a consumer report that includes credit and criminal history, and release from any liability both the Center and those who supply reference information and/or verification.

I understand and agree that Emergency Physicians Medical Center reserves the right to establish and change any of the terms and conditions of my employment at its discretion at any time, as it deems appropriate. I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening or medical examination at any time at the request of this Center. I hereby consent to having the results of any alcohol, drug screening or medical examination I may be required to undergo disclosed to the Emergency Physicians Medical Center's owners or managers.

I authorize Emergency Physicians Medical Center to release any and all information about myself, my employment record, or my employment status to any individual or organization the Center deems worthy of receiving such information. Also, I release all parties from all liability for any damages that may result from furnishing this information.

I acknowledge that I am seeking employment with Emergency Physicians Medical Center, L.L.C. I further state understanding that the position I am applying for is an at-will position, and that if I am hired my employment can be terminated at the sole discretion of the employer.

I certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions of this authorization, certification, and agreement.

I agree to provide copies of any and all licenses, certifications, diplomas, identification documents for Emergency Physicians Medical Center to maintain in my personnel file.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____