



Emergency Medicine Specialists Group, LLP

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 Dallas, TX 75204
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 FAX 214.871.7020
 HR@CityDoc.net

APPLICATION FOR EMPLOYMENT
 Please Print

Personal

NAME / Last, First, Middle		SOCIAL SECURITY #
CURRENT HOME ADDRESS / Street, City, State, Zip Code		
ARE YOU 18 YEARS OF AGE OR OLDER? (circle one) YES NO	HOME PHONE #	CELL #
E-MAIL ADDRESS	FAX #	OTHER CONTACT # IF AVAILABLE
HOW DID YOU LEARN ABOUT CITYDOC? <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Ad _____ <input type="checkbox"/> Employment Agency (Name) _____ <input type="checkbox"/> Other _____		
HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO (if yes, department and years worked)		
IN CASE OF AN EMERGENCY, PLEASE NOTIFY / Name, Address, Phone		

Goals, Preferences, Skills and Interests

POSITION DESIRED	SALARY DESIRED
DATE AVAILABLE	SHIFT PREFERRED (If applicable)
UNIQUE SKILLS AND OTHER INTERESTS? / Other Languages, Hobbies, etc.	

Education

HIGH SCHOOL / GED (NAME & LOCATION)	Diploma?		GED?		Can proof of education be supplied?		
	Y	N	Y	N	Y	N	
COLLEGE (S) (NAME & LOCATION)	Degree Received?		Year Graduated		Major / Minor Subject		If Non-Graduate, % Completed
	Y	N					
	Y	N					
GRADUATE SCHOOL	Y	N					
OTHER / BUSINESS OR TRADE SCHOOL	Y	N					
COMPUTER SKILLS	TYPING / APPROXIMATE WPM						
LIST BUSINESS OR MEDICAL EQUIPMENT OPERATED							

Previous Employment

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, disabilities or other protected status.			
Employer	Employed From	Employed To	Work Performed
Address			
Telephone Number(s)	Starting Job Title	Present Job Title	
	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Supervisor (Name, Title)		May We Contact?	Yes No
Reason for Leaving or Desiring to Leave			
Employer	Employed From	Employed To	Work Performed
Address			
Telephone Number(s)	Starting Job Title	Present Job Title	
	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Supervisor (Name, Title)		May We Contact?	Yes No
Reason for Leaving or Desiring to Leave			
Employer	Employed From	Employed To	Work Performed
Address			
Telephone Number(s)	Starting Job Title	Present Job Title	
	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Supervisor (Name, Title)		May We Contact?	Yes No
Reason for Leaving or Desiring to Leave			
Employer	Employed From	Employed To	Work Performed
Address			
Telephone Number(s)	Starting Job Title	Present Job Title	
	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Supervisor (Name, Title)		May We Contact?	Yes No
Reason for Leaving or Desiring to Leave			

Licenses, Certifications, Registrations (Please list all and indicate if current, list additional on back if needed)

Comments Include explanation of any gaps in employment, continue on back if needed

Legal

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a legal right & necessary documents to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)
Were you ever discharged by any company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the name of the company(ies) and reason for discharge -
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain offense and final disposition: -

References (LIST REFERENCES WHO ARE NOT RELATIVES)

NAME	RELATIONSHIP	PHONE	ALT. PHONE	YEARS KNOWN

Military Record

HAVE YOU PREVIOUSLY SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES NO IF YES, FILL OUT ENTIRE SECTION.					
Military Branch	Entry Date	Entry Rank	Separation Date	Separation Rank	Military Occupational Specialty
SPECIALIZED TRAINING					
ARE YOU NOW A MEMBER OF RESERVE OR NATIONAL GUARD? YES NO ACTIVE? YES NO EXPECTED DISCHARGE DATE					
LIST SERVICE AWARDS, COMMENDATIONS					

Remarks MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION

Equal Employment Opportunity Policy

CityDoc strives to ensure and promote equal opportunity for all persons employed or seeking employment with the company, without regard to race, color, religion, age, sex, national origin or handicap.
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Employment Understanding

<p>By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information may result in my discharge.</p> <p>I understand that I will be required to pass a drug test before a final offer of employment is made. By signing my name below, I consent to these procedures.</p> <p>I understand that any employment relationship with the employer is "at will", which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or any behavior, unless an authorized representative of CityDoc specifically acknowledges the change in writing.</p> <p>I understand in applying for employment, an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I will receive notice that a report has been requested. I have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.</p> <p>Signature X _____ Date: _____</p>

AUTHORIZATION FOR RELEASE OF INFORMATION

I request and authorize Emergency Medicine Specialists Group, LLP, D/B/A CityDoc, as well as other institutions with which I have been or may have been associated with to release information, records, and documents concerning my professional qualifications, competence, ethics, character, and my ability to work cooperatively with others.

Certification

By my signature below, I certify that all information submitted in my application and in all supporting documents is true, complete and correct. I agree to supplement the information in my application and supporting documents should any statement, although true when made, become untrue due to a change in circumstances or discovery of new information.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid from the date signed.

Signature of Applicant	Date Signed
Printed/Typed Name of Applicant	
Signature of Witness	Date Signed
Printed/Typed Name of Witness	

APPLICANT DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that an investigative report may be made in connection with your employment with CityDoc. In the event an investigative report is requested, you are entitled to know and are hereby advised that the nature and scope of the investigation will be to obtain applicable information concerning your habits, actions, and performance. This check is a criminal background check, not a credit check.

If your employment is denied, either wholly or partly, because of information contained in a report, a disclosure will be made to you of the name and address of the agency making such report.

I have read and understand the above:

Signature of Applicant	Date Signed
Printed/Typed Name of Applicant	
Signature of Witness	Date Signed
Printed/Typed Name of Witness	

In order to complete a full background check, we will need you to complete the following information. Please include addresses for the last FIVE YEARS. (COUNTIES ARE REQUIRED.)

APPLICANT'S CURRENT ADDRESS

NAME / Last, First, Middle		MAIDEN
CURRENT HOME ADDRESS / Street, City, State, Zip Code		COUNTY
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY #	

PREVIOUS ADDRESSES

CITY		COUNTY
STATE (or COUNTRY)	DATES (From – To)	

CITY		COUNTY
STATE (or COUNTRY)	DATES (From – To)	

CITY		COUNTY
STATE (or COUNTRY)	DATES (From – To)	

CITY		COUNTY
STATE (or COUNTRY)	DATES (From – To)	