



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Waco Family Medicine does not discriminate in hiring or employment on the basis of race, color, age, sex, religion, creed, national origin, ancestry, veterans or disability. No question on this application is intended to secure information to be used for such discrimination. Waco Family Medicine will reasonably accommodate all applicants and employees with disabilities if informed of such disability.

PLEASE PRINT

DATE: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone (____) _____ Social Security ____/____/____

Personal E-Mail _____

Are you eighteen years of age or older? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

and reason for leaving _____

Are you employed now? Yes No May we contact your present employer? Yes No

Any friends or relatives working for this company? _____

What job are you applying for? _____

Have you been convicted of a felony?

Yes No

If Yes, please explain _____

(Such a conviction is not an automatic bar to employment. Any information supplied regarding the circumstances, rehabilitation and age at the time will be considered. You may attach additional information which you want considered.)

Waco Family Medicine is a tobacco-free workplace and does not hire tobacco/e-cigarette users. Have you used tobacco/e-cigarette products in the last 6 months? Yes No

On what date would you be available for work? _____

Are you available to work _____ full-time _____ part-time _____ other
Will you work overtime, if asked? Yes No Saturdays? Yes No

List any special considerations which would affect the hours you could work: _____

Current and Former Employers: (List below last three employers starting with the current or last one first.)

1. _____

Business	Address	Telephone No.
Supervisor	Your Position	Dates Employed From To
Duties		
Reason for leaving		

2. _____

Business	Address	Telephone No.
Supervisor	Your Position	Dates Employed From To
Duties		
Reason for leaving		

3. _____

Business	Address	Telephone No.
Supervisor	Your Position	Dates Employed From To
Duties		
Reason for leaving		

References: Give below the names of three persons not related to you.

Name	Address	Telephone	Years Known
1. _____			
2. _____			
3. _____			

Special skills and qualifications: (Summarize any special skills and qualifications acquired.) _____

EDUCATION

School Level	Name & Location	Number of Years Attended	Did you Graduate?
Grammar School _____			
High School _____			
GED _____			
College _____			
Trade or Business School _____			
Other _____			
Honors received: _____			

ADDITIONAL INFORMATION

Use the space below if you wish to volunteer additional information you feel may be helpful to us in considering your application.

NOTE: PLEASE CAREFULLY READ THE STATEMENTS BELOW. AFTER YOU HAVE READ THE STATEMENTS, PLEASE SIGN AND DATE IN THE SPACE PROVIDED BELOW.

“I certify that the facts contained in this application and in any resume or other material provided to Waco Family Medicine and in any oral statements by me are true and complete to the best of my knowledge. I understand that, if employed, omissions, incomplete statements, or false statements on this application or other materials supplied to Waco Family Medicine or in oral statements by me in the hiring process shall be grounds for dismissal.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. THIS INVESTIGATION MAY CHECK CRIMINAL, CREDIT AND MOTOR VEHICLE RECORDS.

I agree to fully cooperate in this investigation, including personally requesting any information as necessary. Further, I authorize the employers and references listed above to give Waco Family Medicine any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Waco Family Medicine.”

I UNDERSTAND AND AGREE THAT, IF HIRED:

1. My employment is for no definite period but may be terminated by Waco Family Medicine at any time without any prior notice and without cause.
2. No officer or employee of Waco Family Medicine can guarantee me any specific salary or benefit or employment for any period of time, except by written agreement between me and Waco Family Medicine signed by the Secretary/Treasurer of Waco Family Medicine.
3. I will comply with all rules and regulations of Waco Family Medicine including the Drug-free Workplace, Confidentiality and Tobacco-Free Workforce Policies. Failure to comply will result in employment and or financial penalties as deemed by Waco Family Medicine. I understand that Waco Family Medicine’s rules, regulations and policies are not a contract and may be changed or waived by Waco Family Medicine at any time.

Date: _____

Signed: _____