



## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Waco Family Medicine (hereafter referred to as WFM) 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. WFM will reasonably accommodate all applicants and employees with disabilities if WFM is informed of such disability.

**PLEASE PRINT**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ What job are you applying for?

Personal E-Mail \_\_\_\_\_

Are you eighteen years of age or older?

Have you filed an application here before?  If yes, give date \_\_\_\_\_

Have you ever been employed here before?  If yes, give date \_\_\_\_\_

and reason for leaving \_\_\_\_\_

Are you employed now?  May we contact your present employer?

Any friends or relatives working for this company? \_\_\_\_\_

Did one or more WFM employees refer you for this job?

Have you been convicted of a felony?

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?

On what date would you be available for work? \_\_\_\_\_

Are you available to work full-time or part-time?

Will you work overtime, if asked?

If part-time, what hours are you available?

Will you work Saturdays?

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. \_\_\_\_\_  
Current or Most Recent Employer Dates of Employment

\_\_\_\_\_  
Contact Name, email and/or phone number

Position and Duties:

Reason for leaving:

2. \_\_\_\_\_  
Former Employer #1 Dates of Employment

\_\_\_\_\_  
Contact Name, email and/or phone number

Position and Duties:

Reason for leaving:

3. \_\_\_\_\_  
Former Employer #2 Dates of Employment

\_\_\_\_\_  
Contact Name, email and/or phone number

Position and Duties:

Reason for leaving:

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

\_\_\_\_\_ **n**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Certifications/Awards

## EDUCATION

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High School

College

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 WFM 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 WFM 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 WFM 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 WFM.”

I UNDERSTAND AND AGREE THAT, IF HIRED:

1. My employment is for no definite period but may be terminated by WFM at any time without any prior notice and without cause.
2. No officer or employee of WFM can guarantee me any specific salary or benefit or employment for any period of time, except by written agreement between me and WFM signed by the Secretary/Treasurer of WFM.
3. I will comply with all rules and regulations of WFM 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 WFM. I understand that WFM’s rules, regulations and policies are not a contract and may be changed or waived by WFM at any time.

I Agree: \_\_\_\_\_

Signed: \_\_\_\_\_