



Application of Employment  
for  
**Moscow Family Medicine, PA**  
623 South Main Street  
(208) 882-2011

Position applied for: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street
Apt. No.  
 \_\_\_\_\_  
City
State
Zip

Home Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Are you legally eligible for employment in the United States?     Yes     No

(Under the Immigration Reform and Control Act of 1986, you will be required to provide documentation to certify your eligibility and identity, should you be employed).

Employment Preference:     Full-time     Part-time     Temp.     Other    Desired Salary: \_\_\_\_\_

Days available:     Mon.     Tues.     Wed.     Thurs.     Fri.     Sat.     Sun.    Date Available: \_\_\_\_\_

Hours available:     Day     Evening     Night     Weekends

Do you have any relatives employed at our office?    If yes, who? \_\_\_\_\_

Have you ever filed an application with us before?    If yes, when? \_\_\_\_\_

May we contact your current employer?     Yes     No

May we contact your previous employer?     Yes     No

Have you been convicted of a felony in the last seven (7) years?     Yes     No    If yes, please explain: \_\_\_\_\_

### Employment History

List your last three employers, starting with the most recent.

| <u>1. Name of Employer</u> | <u>Address</u> | <u>Telephone</u> | <u>Job Title</u> |
|----------------------------|----------------|------------------|------------------|
|                            |                |                  |                  |

| <u>Dates Employed (MM/YY)</u> | <u>Rate of pay</u>               | <u>Reason for Leaving</u> |
|-------------------------------|----------------------------------|---------------------------|
| From: _____<br>To: _____      | Starting: _____<br>Ending: _____ |                           |

| <u>Supervisor Name and Title</u> | <u>Your duties</u> |
|----------------------------------|--------------------|
|                                  |                    |

| <u>2. Name of Employer</u> | <u>Address</u> | <u>Telephone</u> | <u>Job Title</u> |
|----------------------------|----------------|------------------|------------------|
|                            |                |                  |                  |

| <u>Dates Employed (MM/YY)</u> | <u>Rate of pay</u>               | <u>Reason for Leaving</u> |
|-------------------------------|----------------------------------|---------------------------|
| From: _____<br>To: _____      | Starting: _____<br>Ending: _____ |                           |

**Supervisor Name and Title****Your duties**

|  |  |
|--|--|
|  |  |
|--|--|

**3. Name of Employer****Address****Telephone****Job Title**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**Dates Employed (MM/YY)****Rate of pay****Reason for Leaving**

|       |           |  |
|-------|-----------|--|
| From: | Starting: |  |
| To:   | Ending:   |  |

**Supervisor Name and Title****Your duties**

|  |  |
|--|--|
|  |  |
|--|--|

**Educational Background**

| Name and Location | Years Completed | Graduation Date | Course of Study | Degree |
|-------------------|-----------------|-----------------|-----------------|--------|
| High School       |                 |                 |                 |        |
| College           |                 |                 |                 |        |
| Other             |                 |                 |                 |        |

**Skills and Qualifications**

Summarize the special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

---



---



---

**References**

| Name | Telephone | Years Known |
|------|-----------|-------------|
|      |           |             |
|      |           |             |
|      |           |             |

Have you read and understood the duties and responsibilities of this position?  Yes  No

Is there any reason why you could not perform any of the described duties associated with this position?  Yes  No

If yes, please explain:

---

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant

Date

---

