



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.
Home Phone: ()

City
State
Zip
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: _____
 Hours available: Day Evening Night Weekends Date Available: _____
 Days available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Do you have any relatives employed at our office? Yes No
 If yes, who? _____

Have you ever filed an application with us before? Yes No
 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: _____	Starting: _____		
To: _____	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:	Starting:	
To:	Ending:	

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

<u>3. 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:	Starting:	
To:	Ending:	

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

Educational Background

	<u>Name and Location</u>	<u>Years Completed</u>	<u>Did you Graduate?</u>	<u>Course of Study</u>	<u>Degree</u>
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

<u>Name</u>	<u>Telephone</u>	<u>Years Known</u>

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 _____