

EMPLOYMENT APPLICATION

WESTFIELD FAMILY PHYSICIANS, PC

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applications for all positions are considered without regard to race, color, ethnicity, religion, gender, disability, sexual orientation, citizenship status or any other legally protected status.

Position applying for: _____ Date: _____

How did you learn about our office? Newspaper ad Friend / relative
 Website Other _____

Name _____

Address _____

Phone - home _____

Phone - mobile _____

What is the best time to contact you? _____ AM/PM

If you are under age 18, can you provide proof of your work eligibility? Yes No N/A

Have you ever completed an application to work here before? Yes No

If yes, when? _____

Do you have friends or relatives that are currently employed at Westfield Family Physicians or Great Lakes Medical Research? Yes No

If yes, who? And what is their relation to you? _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Are you prevented by law from being employed because of Visa or Immigration Status? Yes No

When will you be available to work? ____/____/____

What is your desired wage rate or salary? \$_____/hr OR \$_____annual salary

Desired work status Full-time Part-Time Temporary / seasonal

Are you currently laid off from an employer and subject to recall back to work? Yes No

Are you able to travel if your job requires it? Yes No

EDUCATION

	Name / Address	Course of Study	Number of years completed	Degree or Diploma
Elementary school				
High school				
College - undergraduate				
College - postgraduate				
Other				

TRAINING / SKILLS / CERTIFICATIONS

Please describe any special training, certifications, skills, relevant extra-curricular activities, including those obtained through military service and/or from any previous employers.

SPECIALIZED SKILLS

- PC / MAC
- Typing - words per minute _____ or don't know
- Medical Practice Management software _____
- Electronic Health Records software _____
- Other relevant specialized skills _____

- MS Excel / spreadsheet software
- MS Word / word processing software

ADDITIONAL INFORMATION

Please state any additional information that may be helpful as we consider your application.

Can you perform the essential functions of the job for which you are applying either with or without reasonable accommodations? Yes No

EMPLOYMENT HISTORY

1. Employer Name & Address _____

Supervisor Name _____ Phone number _____
Title & work performed _____

Dates employed
___/___/_____ to ___/___/_____

2. Employer Name & Address _____

Supervisor Name _____ Phone number _____
Title & work performed _____

Dates employed
___/___/_____ to ___/___/_____

3. Employer Name & Address _____

Supervisor Name _____ Phone number _____
Title & work performed _____

Dates employed
___/___/_____ to ___/___/_____

Attach additional pages if needed.

REFERENCES

1. Name _____ Phone number _____
Relation & Years known _____
Address _____

2. Name _____ Phone number _____
Relation & Years known _____
Address _____

3. Name _____ Phone number _____
Relation & Years known _____
Address _____

APPLICANT'S CERTIFICATION

I certify that my answers on this application are true and complete and I authorize investigation of all statements I made in this application as may be needed in consideration of my employment for this position. This application shall be considered active for a period of up to 45 days. Any applicant wishing to be considered for employment beyond 45 days should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that unless otherwise defined by law, any employment relationship with Employer is of an "at will" nature, meaning that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Employer. If my employment is accepted, I understand that any false or misleading information given in my application or interviews may result in my discharge. I also understand that I'm required to abide by all rules and policies of Employer.

Applicant Signature _____ Date _____

HUMAN RESOURCES PERSONNEL ONLY

Interview arranged Yes No Interview Date ____ / ____ / ____
Remarks _____
Employment Accepted Denied Start date ____ / ____ / ____
Employee title _____ Starting pay \$ _____
Name and Title _____ Date _____