

EMPLOYMENT APPLICATION

PERSONAL

Last Name:	First Name:	MI:	SS/DL#:
Present Address:			
Home Phone:	Mobile Number:	Email:	
Permanent Address, if different from present address:			
If hired can you provide proof that you are legally able to work in the United States?			Yes No
How were you referred to us?			
Advertisement	Employee	Employment Agency	Walk-in Other
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of offense(s), date(s), city, state and disposition on a separate sheet of paper. <i>Note: An affirmative answer will not necessarily result in disqualification for employment:</i>			
Yes No			
List any relatives or friends employed by the Company:			Relationship:

EMPLOYMENT

Position Desired:	Salary Desired:
What days and hours are you available for work?	
Are you available for overtime?	Yes No
Are you over 18 years of age?	Yes No
When are you available to begin work?	
If under 18, can you provide a work permit?	Yes No
Are you able to perform the essential functions of the job for which you are applying?	Yes No
<i>(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)</i>	

SKILLS

Many of our [customers/clients/patients] do not speak English. Do you speak, write or understand any foreign language?
Yes No
If yes which language(s) and with what proficiency:
Are you able to operate a personal computer? Yes No Types of software:
List other office machines you can operate:
Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

EDUCATION

Type of School	Name & Location of School	# of years to completed	Graduated		Degree(s) or Diplomas(s)	Major Field(s) Study
			Yes	No		
High School or Trade School						
Business or Tech. School						
Jr. College and/or University						
Other Training (Explain)						

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

Answer all of the following questions if you are applying for a professional, licensed or certified position

Are you licensed/certified for the job you are applying for? Yes No

Name of license/certification:

Issuing state:

License certification number:

Has your license/certification ever been revoked or suspended? Yes No

If yes, explain:

POSITIONS HELD

Company Name:	Dates Employed: From: To:	Starting Salary Ending Salary
Street Address:	Job Title:	Hours Worked From: To:
City, State, Zip Code:	Specific Job Duties:	
Telephone:	1.	
Supervisor:	2.	
Is this your current employer? Yes No	3.	
May we contact this employer? Yes No	Reason for leaving:	
	What is the most important skill demonstrated on the job?	

POSITIONS HELD (cont.)

Company Name:	Dates Employed: From: To:	Starting Salary Ending Salary
Street Address:	Job Title:	Hours Worked From: To:
City, State, Zip Code:	Specific Job Duties:	
Telephone:	1.	
Supervisor:	2.	
Is this your current employer? Yes No	3.	
May we contact this employer? Yes No	Reason for leaving:	
	What is the most important skill(s) demonstrated on the job?	

Company Name:	Dates Employed: From: To:	Starting Salary Ending Salary
Street Address:	Job Title:	Hours Worked From: To:
City, State, Zip Code:	Specific Job Duties:	
Telephone:	1.	
Supervisor:	2.	
Is this your current employer? Yes No	3.	
May we contact this employer? Yes No	Reason for leaving:	
	What is the most important skill demonstrated on the job?	

APPLICANT ' S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. _____ I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. _____ I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information obtained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
5. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
6. _____ I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice by either myself or the Company. There will be no agreement, express or implied between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
7. _____ I have placed my signature in the space provided below only after I have completed the entire to the best of my ability and have carefully read the foregoing seven (7) statements.

Date

Name

Signature



Dr. Robert A. Norman, D.O., P.A.
and Associates
8002 Gunn Hwy
Tampa, FL. 33626
(813) 880-7546/1-800-488-7336
Fax: (813) 249-5210

Background Authorization

Information that you provide on this application is subject to verification. Previous employers may be contacted as references. We will inquire on how you performed your job as well as if there were any concern and if you left on any unusual circumstances.

Also, we will be conducting a background check including criminal.

Reference checks and background checks will be used for the decision making process for your employment with our organization.

I authorize Dr. Norman and Associates to check with all past employees, references and to perform a background check.

Applicant

Date

SS#

DOB

President

Date