

Premier ObGyn of Minnesota

APPLICATION FOR EMPLOYMENT

Premier ObGyn of Minnesota is an Equal Opportunity Employer and participates in E-Verify.

Applicants may request accommodation to complete the application process in accordance with the Americans with Disabilities Act.

PERSONAL INFORMATION

Please print clearly and complete all information

Today's Date: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
STREET CITY STATE ZIP CODE

TELEPHONE: _____
HOME CELL

EMAIL ADDRESS: _____

If hired, can you provide proof of identity and authorization to work in the United States? Yes No

EMPLOYMENT DESIRED

Position applied for: _____ Date you can start: _____

Hours desired: Full-Time Part-Time Casual

How did you learn of this opening? _____

Have you ever worked for this company before? Yes No When: _____

EDUCATION

High School/GED attended: _____
Did you receive a degree? Yes No

College/University Attended: _____

Did you receive a degree? Yes No If yes, degree(s) received: _____

Please indicate any current professional licenses or certifications that you hold:

REFERENCES

List three professional persons who know you well. DO NOT include relatives.

Name:	Phone Number:	Relationship:	Years Acquainted:

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EMPLOYMENT

List below your work experience, starting with your current or last place of employment:

Company:		Phone:			
Address:		Supervisor:			
Job Title:		From:		To:	
Reason for Leaving:					
<i>May we contact your employer at this time?</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, reason:	
Company:		Phone:			
Address:		Supervisor:			
Job Title:		From:		To:	
Reason for Leaving:					
<i>May we contact your employer at this time?</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, reason:	
Company:		Phone:			
Address:		Supervisor:			
Job Title:		From:		To:	
Reason for Leaving:					
<i>May we contact your employer at this time?</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, reason:	

NOTICE TO APPLICANTS

Premier ObGyn of Minnesota is an Equal Opportunity Employer. We do not discriminate in recruitment, hiring, or conditions of employment on the basis of race, creed, color, national origin, religion, age, sex, gender, sexual orientation, marital status, familial status, military or veteran status, disability or any other status protected by applicable law. All personnel decisions are made without prejudice or discrimination, in accordance with the principles of equal opportunity,

APPLICANT STATEMENTS

1. The information I am presenting in this application is complete, true, and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate termination of employment.
2. I authorize Premier ObGyn of Minnesota and its representatives to contact my former employers, educational institutions, and references to obtain information related to what was provided by me on this application.
3. I understand that nothing contained in this employment application or the granting of an interview is intended to create an employment contract between Premier ObGyn of Minnesota and myself. If an employment relationship is established, I understand that my employment is considered "at-will" and can be terminated at any time, with or without notice, by me or Premier ObGyn of Minnesota for any reason not prohibited by law.
4. I understand that a background check may be conducted and that results of the report could preclude me from employment.
5. If I am offered and accept a position, I understand that I will be required to provide documents to establish my identity and my employment eligibility within three business days in accordance with the Immigration Reform and Control Act of 1986.

Applicant Signature: _____ Date: _____

Thank you for your interest in Premier ObGyn of Minnesota!