

Pulmonary and Sleep Medicine Associates, LLP

APPLICATION FOR EMPLOYMENT

DATE _____			
Name _____			
Last	First	Middle	Maiden
Present address _____			
Number	Street	City	State Zip
How long _____		Social Security No. _____ - _____ - _____	
Telephone (____) _____		Email: _____	
If under 18, please list age _____			
Position applied for (1) _____ and salary desired (2) _____ (Be specific)		Days/hours available to work	
		Mon _____	Thu _____
		Tue _____	Fri _____
		Wed _____	Sat _____
How many hours can you work weekly? _____ Can you work nights? _____			
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
When available for work? _____			
Do you have any Physical limitations that would prevent you from performing any task within the scope of work you are applying? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how can accommodations be made for your limitation?			
Please describe: _____			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Expiration date _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of the offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you currently have any criminal charges pending against you? ☐ Yes ☐ No

If Yes, please explain: _____

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Ever been terminated or placed on suspension for poor Job Performance? ☐ No ☐ Yes

Please explain: _____

Ever been terminated or disciplined for tardiness, excessive absenteeism, failure to report an absence or late arrival, or any other attendance related reasons? ☐ No ☐ Yes

Please explain: _____

Ever been terminated or disciplined for fighting, assault, making threats of violence or any similar actions? ☐ No ☐ Yes

Please explain: _____

Ever been terminated or disciplined for being intoxicated or under the influence of controlled substances, for being in possession of, using or selling of controlled substances while at work or on company property? ☐ No ☐ Yes

Please explain: _____

APPLICATION FOR EMPLOYMENT

☐ I understand that I may be required to provide information for employment, references, and background checks.

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Work
Experience

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer
Address
City, State, Zip Code
Phone number

Name of last
supervisor

Employment dates

Pay or salary

From

Start

To

Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? ☐ Yes ☐ No

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I understand any person, organization, or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interrupted at any time at the company's sole option and without notice to me.

Signature

Date