

Application for Employment



Physicians & Surgeons of Augusta, P.C.

We make a visible difference!

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and / or interview process should notify a representative of the Human Resources department.

Name _____	Date of Application ____/____/____
Address _____	Telephone # (____) _____
_____	Other phone # (____) _____
Position applied for _____	
Names of relative or friends employed in this organization and their work locations. _____	

How did you hear about this job? <input type="checkbox"/> employee <input type="checkbox"/> relative <input type="checkbox"/> walk-in <input type="checkbox"/> advertisement	
<input type="checkbox"/> government employment agency <input type="checkbox"/> private employment agency <input type="checkbox"/> other	

If necessary, the best time to call you at home is between _____:____ AM _____:____ PM and _____:____ AM _____:____ AM

May we contact you at work? yes no Best time? _____:____ PM and _____:____ PM

Are you at least 18 years old, or can you furnish a work permit? _____ yes no

Have you submitted an application here before? _____ yes no When? _____

Have you ever been employed here before? _____ yes no When? _____

Type of employment desired Full-time Part-time Temporary Seasonal Educational Co-Op

When are you available to start work? ____/____/____ What is your desired salary range? _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? _____ yes no

Will you relocate if the job requires it? yes no Will you travel if the job requires it? yes no

Are you able to meet the attendance requirements of this position? _____ yes no

If hired, would you have a reliable means of transportation to and from work? _____ yes no

Can you provide proof of identity and legal authorization to work in the U.S.? _____ yes no

Are you willing to work overtime if required? _____ yes no

If no, please explain. _____

* Has your driver's license been revoked or suspended within the last three years? _____ yes no

* Have you ever been convicted of a crime, felony or misdemeanor, or are you out on bail or on your own recognizance pending trial for an offense? _____ yes no

If yes, please provide date(s) and details _____

* ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent; use additional sheets if necessary. Explain any gaps in employment in the Comments section below.

Most Recent Employer's Name and Address	Telephone #	Dates Employed FROM TO		Summarize the type of work performed and job responsibilities.
()				
Starting Job Title / Final Job Title		Hourly Rate or Salary STARTING		
Immediate Supervisor and Title		\$	PER	
Reason for leaving		Hourly Rate or Salary FINAL		
May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later		\$	PER	

Next Recent Employer's Name and Address	Telephone #	Dates Employed FROM TO		Summarize the type of work performed and job responsibilities.
()				
Starting Job Title / Final Job Title		Hourly Rate or Salary STARTING		
Immediate Supervisor and Title		\$	PER	
Reason for leaving		Hourly Rate or Salary FINAL		
May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later		\$	PER	

Next Recent Employer's Name and Address	Telephone #	Dates Employed FROM TO		Summarize the type of work performed and job responsibilities.
()				
Starting Job Title / Final Job Title		Hourly Rate or Salary STARTING		
Immediate Supervisor and Title		\$	PER	
Reason for leaving		Hourly Rate or Salary FINAL		
May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later		\$	PER	

Comments (INCLUDE AN EXPLANATION OF ANY GAPS IN EMPLOYMENT.) _____

Have you ever been terminated or asked to resign? _____ yes no

If yes, please explain. _____

Educational Background

List the last three schools attended, starting with the most recent.

School	No. of Years Completed	Degree / Diploma	GPA / Class Rank	Major	Minor

References

List the name and telephone number of three **business and/or work references** who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name and Address	Relationship	Telephone #	Number of Years Known
		()	
		()	
		()	

Licenses, Certifications, and Skills

Summarize any special licenses, certifications and/or skills that may qualify you as being able to perform job-related functions in the position for which you are applying.

Licenses, Certifications and/or Skills	Dates

List any name(s) under which you have been previously employed or attended school. _____

List any additional information you would like to be considered. _____

Applicant Statement

I certify that all of the information I have provided in order to apply for and secure work with Eye Physicians and Surgeons of Augusta, P.C. (EPSA) is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from EPSA's service, whenever it is discovered.

I expressly authorize, without reservation, EPSA, its representatives, employees and/or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding EPSA, its agents, employees or representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that EPSA may order a consumer report and/or investigative consumer report ("background check report") on me in connection with my application for employment, or if I am already hired, or if I already work for the Company, EPSA may order additional background check reports on me for employment purposes without obtaining additional consent, where permissible by law. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to my potential employment or employment, before making the adverse decision, EPSA will provide a copy of the consumer report and a description in writing of my rights under the law. The Fair Credit Reporting Act and certain state laws give specific rights in dealing with consumer reporting agencies.

I understand that **EPSA does not unlawfully discriminate** in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and EPSA reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of EPSA is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by EPSA's president.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

If I am hired, I agree that I will not disclose, copy, transmit, inquire, modify, or destroy patient information or other Practice confidential information.

I understand that any offer of employment by EPSA will be conditional on a **negative drug test**. Furthermore, EPSA reserves the right to test any employee who is behaving in a manner consistent with substance abuse.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____