



APPLICATION FOR EMPLOYMENT

If you need help filling out this Application for Employment, please notify the person you obtained it from. **Drs. May-Grant Associates** will undertake reasonable efforts to accommodate your needs promptly. **Drs. May-Grant Associates** is an equal opportunity employer. **Drs. May-Grant Associates** does not discriminate on the basis of religion, race, creed, color, national origin, sex, age, disability, handicap, genetic information or any other applicable legally protected category. No questions on this Application are intended to secure information to be used for any discrimination prohibited by applicable law.

Position Applying For _____ Date Application Completed _____

Date Available for Employment _____

PLEASE PRINT

Name (Last, First, MI)	Social Security No.
Present Address – Street	Telephone No. ()
City/State/Zip	Best time to reach you <input type="checkbox"/> AM <input type="checkbox"/> PM
Can you produce proof that you are eligible to work in the USA? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of employment applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Have you ever applied for employment for this Practice before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and where.	Have you ever been employed by this Practice before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and where
Do you have any friends and/or relatives employed by Drs. May-Grant Associates? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name and relationship _____	How were you referred? <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> On my own <input type="checkbox"/> Practice employee <input type="checkbox"/> Other Name of Referral Source _____
Are you willing to work evenings, weekends and/or emergencies (only if applicable)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work overtime (only if applicable)? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you ever been convicted of a felony and/or misdemeanor? Please explain below. [A conviction record will not necessarily prevent you from being employed. Factors such as the time of the crime, nature and seriousness of the violation and rehabilitation will be taken into account. If necessary, continue on a separate sheet of paper.]

Do you have any commitments to another employer that might affect your employment with us? <input type="checkbox"/> YES (Please explain) <input type="checkbox"/> NO
Do you hold a current professional license (if required for particular job for which you are applying)? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION					
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. YEARS	GRADUATE?	DEGREE/DIPLOMA
HIGH SCHOOL					
OTHER					

Did you receive a G.E.D. in lieu of a diploma? YES NO

Please list any additional special skills, technical or professional knowledge, use of machinery or equipment you may have that you would like considered.

LIST THREE REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

Name and Relationship	Occupation	Address	Telephone No.

EMPLOYMENT RECORD (LIST PRESENT EMPLOYER OR MOST RECENT EMPLOYER FIRST)

From	Company Name/Address	Telephone	Position	Duties
To		Supervisor	Salary (Start/End)	Reason for Leaving
From	Company Name/Address	Telephone	Position	Duties
To		Supervisor	Salary (Start/End)	Reason for Leaving
From	Company Name/Address	Telephone	Position	Duties
To		Supervisor	Salary (Start/End)	Reason for Leaving

MAY WE CONTACT THESE EMPLOYERS? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment of one month or more. You may OMIT any references to periods of disability. Include military service and summer part-time jobs. If a person was part-time or temporary, please indicate that status. If you need more space, please continue on a separate sheet of paper.

STATEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that a false or misleading statement or omission during any interview of me or on this form may be a cause for rejection of my application or may be cause for my employment to be terminated, if I am hired. I authorize investigation of all statements contained in this application and authorize the references listed in this application to give you any and all information concerning my previous employment, and all pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing that information to **Drs. May-Grant Associates**. **I acknowledge that if I have not fully completed this application, I will not be considered for potential employment.**

By me signing my name below, I understand that nothing contained in this application or in the interview process (if I am interviewed) is intended to create an employment contract between **Drs. May-Grant Associates** and me. If I am offered and accept a job with **Drs. May-Grant Associates**, I have the right to end my employment at any time and for any or no reason, and **Drs. May-Grant Associates** retains the right to end my employment at any time for any or no reason. I understand that no representative of **Drs. May-Grant Associates**, other than the President, has any authority to make any agreement with me for any specified period of time or to guarantee some job-related term or benefit. I understand that this entire statement (both paragraphs) applies to the period before and after I may become employed. I acknowledge that I have read and understand each of the above two paragraphs (including this paragraph) as well as the entire Application form.

I understand that the use, possession, distribution, purchase or sale of illegal drugs and the illegal use of drugs is prohibited during employment by **Drs. May-Grant Associates**. I also understand that the use of alcohol or being under the influence of alcohol while at work is also prohibited. If **Drs. May-Grant Associates** requires, I am willing to submit to drug testing to detect use of illegal drugs or the illegal use of drugs prior to and/or during (if I am hired) employment. I am also willing to submit to alcohol testing during employment (if I am hired).

Date: _____

Applicant's Signature _____

Applicant's Name _____