



APPLICATION FOR EMPLOYMENT

If you need help filling out this Application for Employment, please notify the person you obtained it from. **May-Grant OB/GYN** will undertake reasonable efforts to accommodate your needs promptly. **May-Grant OB/GYN** is an equal opportunity employer. **May-Grant OB/GYN** 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)	Email Address:
Present Address – Street	Telephone Number () _____ Cell Phone Number () _____
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 <input type="checkbox"/> Other
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 May-Grant OB/GYN ? <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"/> Social Media <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? ☐ YES (Please explain) ☐ NO

Do you hold a current professional license (if required for a particular job for which you are applying)? ☐ YES (Please explain) ☐ 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.

EMPLOYMENT RECORD (LIST PRESENT EMPLOYER OR MOST RECENT EMPLOYER FIRST)				
From	Company Name/Address	Telephone	Position	Duties
To	Supervisor Name	Supervisor Email	Salary (Start/End)	Reason for Leaving
From	Company Name/Address	Telephone	Position	Duties
To	Supervisor Name	Supervisor Email	Salary (Start/End)	Reason for Leaving
From	Company Name/Address	Telephone	Position	Duties
To	Supervisor Name	Supervisor Email	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.

PLEASE LIST THREE REFERENCES WHO CAN SPEAK TO YOUR WORK PERFORMANCE / SKILLS / CHARACTER (NO RELATIVES)

Name	Relationship	Occupation
Email Address	Phone Number	State Lived In

Name	Relationship	Occupation
Email Address	Phone Number	State Lived In

Name	Relationship	Occupation
Email Address	Phone Number	State Lived In

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 **May-Grant OB/GYN**. **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 **May-Grant OB/GYN** and me. If I am offered and accept a job with **May-Grant OB/GYN**, I have the right to end my employment at any time and for any or no reason, and **May-Grant OB/GYN** retains the right to end my employment at any time for any or no reason. I understand that no representative of **May-Grant OB/GYN**, 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 **May-Grant OB/GYN**. I also understand that the use of alcohol or being under the influence of alcohol while at work is also prohibited. If **May-Grant OB/GYN** 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 _____

STATEMENT

I, _____, have received, read, understand, and agree to the Background Check in its entirety. If I had questions regarding the policy, I have asked and received explanations, eliminating any confusion I may have had. I have also been advised that any future questions can be directed to Human Resources.

I hereby authorize Susquehanna Valley Women's Health Care/ **May-Grant OB/GYN** to conduct any and all reference and background checks it desires that are listed under the terms of the Background Check Policy, and with this I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company and release them of all liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of all information that I have provided, and also release my educational transcripts to the Company for education verification purposes.

I understand and agree that the results of my reference and background checks may affect the employment decision of Susquehanna Valley Women's Health Care/ **May-Grant OB/GYN**, and I hereby release Susquehanna Valley Women's Health Care/ **May-Grant OB/GYN** from any and all claims which may result from my reference and background check results.

I also understand that the Background Check Policy is subject to change without notice, in order to maintain compliance with government and industry standards, and Company Policy.

Date: _____

Applicant's Signature _____

Applicant's Name _____