



JOB APPLICATION

*Application must be completed fully; incomplete applications will not be considered.
(Submitted applications will be kept for 90 days)*

Position applied for: _____ Date of Application: _____

Other positions of interest: _____ Date available for work: _____

Personal Information

Name: _____ Social Security #: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you have any friends or relatives employed by Premier Gastroenterology, PA?: Yes No

If yes, please list name and relationship: _____

Education

Type of school	Name & Location	Major	Years completed	Graduated/Degree received
High school			9 10 11 12 GED	
College			1 2 3 4	
College			1 2 3 4	
Graduate school			1 2 3 4	
Business/Vocational			1 2 3 4	
Trade/ other			1 2 3 4	

List job-related professional organizations: (exclude organizations that would indicate a protected class):

Registration, Certification, or Licensure

Please list all past and current registrations, certifications, and licenses.

Has any license ever been suspended or revoked? Yes No

Type of License	License number	Issue Date	Issuing State	Renewal Number	Renewal Date



Employment History

Beginning with your most recent employment, list your work record for the past ten years. If you believe that your experience beyond 10 years is important, please include it. Additional employment pages are available upon request. Include any period of self employment and U. S. military experience.

Employer: _____	Dates employed: _____ to _____
Employer's address _____	
Job title: _____	Supervisor's title: _____
Briefly describe work duties and level of responsibility: _____	

Starting salary/rate: _____	Last salary/rate: _____
Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN (Pool)	Number of employee supervised: _____
Reasons for leaving: _____	

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer reference: _____	Title: _____
Relationship: _____	Phone number: _____

Employer: _____	Dates employed: _____ to _____
Employer's address _____	
Job title: _____	Supervisor's title: _____
Briefly describe work duties and level of responsibility: _____	


Starting salary/rate: _____	Last salary/rate: _____
Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN (Pool)	Number of employee supervised: _____
Reasons for leaving: _____	


May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer reference: _____	Title: _____
Relationship: _____	Phone number: _____



Premier Gastroenterology, PA

12102 Cortez Blvd, Brooksville, FL 34613

(352) 597 – 4000 

(352) 597 – 0550 

premgastro.com 

Employer: _____ Dates employed: _____ to _____

Employer's address _____

Job title: _____ Supervisor's title: _____

Briefly describe work duties and level of responsibility: _____

Starting salary/rate: _____ Last salary/rate: _____

Hours: Full Time Part Time PRN (Pool) Number of employee supervised: _____

Reasons for leaving: _____

May we contact this employer? Yes No

Employer reference: _____ Title: _____

Relationship: _____ Phone number: _____

Employer: _____ Dates employed: _____ to _____

Employer's address _____

Job title: _____ Supervisor's title: _____

Briefly describe work duties and level of responsibility: _____

Starting salary/rate: _____ Last salary/rate: _____

Hours: Full Time Part Time PRN (Pool) Number of employee supervised: _____

Reasons for leaving: _____

May we contact this employer? Yes No

Employer reference: _____ Title: _____

Relationship: _____ Phone number: _____

Please explain any employment gaps in the last ten years: _____

Have you ever been discharged from a job or asked to resign? If yes, explain: _____



Availability

Do you prefer: Full time Part time PRN (Pool) or Temporary?

If part time or temporary, please specify: _____

General Information

Have you ever been convicted of a felony or any criminal offense? Yes No

Are there any arrests or criminal proceeding currently pending against you? Yes No

If yes to either of the above questions, please explain: _____

Are you eligible to work in the United States? Yes No

Have you ever worked under any other name? Yes No

If yes, give name(s): _____

Do you have a valid Florida Driver’s license? Yes No

May we refer your application to other local health care providers? Yes No

Agreements (Initial by each)

_____ I hereby state that the informations given by me in this application are true in all aspects. I understand that if I am employed and any information is found to be false, I may be subject to immediate dismissal.

_____ I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I also authorize any appropriate licensing board to release full informations concerning my licensure status and my license history.

_____ I hereby authorize **Premier Gastroenterology, PA** to perform an investigative background check regarding the content of this application, as well as regarding my character and general reputation. I will have the right to request the entirety of such an investigation report if one is made.

_____ I understand that **Premier Gastroenterology, PA** reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screening or to allow the inspection of bags (including purses or briefcases) or parcels brought into or taken out of the premises of **Premier Gastroenterology, PA**. I understand that the refusal to submit to a urinalysis, blood test, or search, when requested to do so, may result in my immediate dismissal.

_____ I understand that any employment I am offered is not for a definite term, and that **Premier Gastroenterology, PA** may terminate the employment relationship at any time. I understand that this status can be altered by a written Employment Contract. I understand that the Employee Handbook which I may receive is not an employment contract. I agree to give **Premier Gastroenterology, PA** a two weeks notice if I choose to terminate the employment relationship.

Signature: _____ Date: _____

Print Name: _____