

GALEN MEDICAL GROUP

Wisdom. Compassion. Integrity.

APPLICATION FOR EMPLOYMENT

Galen Medical Group considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Best time to call:** _____

Social Security Number: _____

Are you over 18 years of age? Yes _____ **No** _____ **If no, list birthday:** _____

Have you ever worked for Galen Medical Group? Yes _____ **No** _____
(If yes, please provide the following information)

Name employed as: _____

Dates employed: _____ **Site Location:** _____

How did you learn about Galen Medical Group?

Friend/Relative: _____ Advertisement: _____ Employment Agency: _____
Other, please specify: _____

Galen Medical Group has a Nepotism Policy in place; therefore, are you related to any Galen Medical Group employee or physician? Yes _____ No _____

If the answer to the above question is yes and you are offered a position with our corporation, you will be required to provide the relative's name and site location in order to protect Galen's Nepotism Policy.

Are you available to work: Full-Time _____
Part-Time _____ Indicate when available _____
Temporary _____

Dates available to begin work: _____

EDUCATION

	Name and Address of School	Course of Study
High School	_____	_____

Undergraduate College	_____	_____

Graduate/Professional	_____	_____

Other/ Specify	_____	_____

Computer Skills/Experience	_____	

WORK EXPERIENCE

Start with your present or last job and work backwards in listing work experience. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____
Dates of Employment: Begin _____	End _____
Starting Job Title: _____	Starting Hourly Rate: _____
Present Job Title: _____	Ending Hourly Rate: _____
Supervisor: _____	Phone: _____
Reason for Leaving: _____	
Briefly describe the work that was performed during your employment with this employer:	

May we contact this employer as a reference on your past job performance? Yes _____ No _____	

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment: Begin _____ End _____

Starting Job Title: _____ Starting Hourly Rate: _____

Present Job Title: _____ Ending Hourly Rate: _____

Supervisor: _____ Phone: _____

Reason for Leaving: _____

Briefly describe the work that was performed during your employment with this employer:

May we contact this employer as a reference on your past job performance? Yes _____ No _____

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment: Begin _____ End _____

Starting Job Title: _____ Starting Hourly Rate: _____

Present Job Title: _____ Ending Hourly Rate: _____

Supervisor: _____ Phone: _____

Reason for Leaving: _____

Briefly describe the work that was performed during your employment with this employer:

May we contact this employer as a reference on your past job performance? Yes _____ No _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities that may assist job duties of which you are applying.

List professional, trade, business or civic activities and offices held.

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Are you an American Citizen or eligible to work in the Unites States? Yes _____ No _____

Have you ever been debarred from any federal program that would prevent you from working for our corporation or anyone who accepts government funds? Yes _____ No _____

Have you ever been convicted of a crime other than a minor traffic violation?

(Note: Conviction of a crime will not necessarily disqualify you from the job for which you are applying. Each incident will be judged on its own merit with respect to time and job relatedness. All circumstances will be considered.) Yes _____ No _____

PERSONAL/PROFESSIONAL REFERENCES	(Do not include family members or past supervisors)
Name: _____	Phone Number: _____
Address: _____	Occupation: _____
Name: _____	Phone Number: _____
Address: _____	Occupation: _____
Name: _____	Phone Number: _____
Address: _____	Occupation: _____

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date