



APPLICATION FOR EMPLOYMENT Galichia Medical Group, P.A.

Office of Human Resources

Any offer of employment is contingent upon the ability to provide documentation which demonstrates employment eligibility as required by the Immigration Reform and Control Act of 1986.

Individual Information

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip Code

Daytime Telephone () _____ Evening Telephone () _____

The furnishing of your social security number is voluntary. The number is used for preventing the confusion of records of candidates with similar names; for background check when the application is for security or financial positions; and, upon hire, for subsequent identification purposes.

SSN _____ Are you 18 or more years old? Yes No
Have you been convicted of a felony or a misdemeanor other than a routine traffic offense? Yes No
(A conviction will not necessarily preclude employment.)
Have you ever been convicted of any criminal offense relating to health care? Yes No
Have you ever been listed by a Federal agency as debarred, excluded, or otherwise ineligible for participation in any Federal program, either temporarily or permanently? Yes No
Are you a citizen of the United States or an alien eligible for employment under the immigration laws of the United States? Yes No
Do you have a valid Kansas driver's license? Yes No

Employment Information

Type of position/position desired _____ Date Available _____

Temporary PRN Full Time Part Time Shift / Hours preferred _____

Salary Desired: _____

Education/Skills History

High school diploma / GED? Yes No

University, college, business, technical, and / or trade school education (Please attach transcript(s) if applicable):

School Name and Location	Major	Degree or Certificate

Clerical Skills

Word processing Type of terminal / PC _____
Type of software _____
 Typing WPM _____ Shorthand WPM _____
 Dictaphone Ten Key Other _____

Certifications and Other Skills

 BLS Exp. Date _____
 ACLS Exp. Date _____

Employment History

Please list your past ten years of work history below beginning with your present or most recent job. Complete all lines on the application. Include any military service. Emphasize your specific tasks and supervisory or technical responsibilities. Show percent of time spent on each duty -- not to exceed 100 percent.

1. Employer _____ Type of Business _____

Employer's address _____

Supervisor _____ Supervisor's Telephone () _____

Dates of Employment: From _____ To _____

Last Month's salary \$ _____ May we contact? Yes No

Reason for leaving _____

Your duties (Show percent of time spent on each duty):

2. Employer _____ Type of Business _____

Employer's address _____

Supervisor _____ Supervisor's Telephone () _____

Dates of Employment: From _____ To _____

Last Month's salary \$ _____ May we contact? Yes No

Reason for leaving _____

Your duties (Show percent of time spent on each duty):

3. Employer _____ Type of Business _____

Employer's address _____

Supervisor _____ Supervisor's Telephone () _____

Dates of Employment: From _____ To _____

Last Month's salary \$ _____ May we contact? Yes No

Reason for leaving _____

Your duties (Show percent of time spent on each duty):

4. Employer _____ Type of Business _____
Employer's address _____
Supervisor _____ Supervisor's Telephone () _____
Dates of Employment: From _____ To _____
Last Month's salary \$ _____ May we contact? Yes No
Reason for leaving _____

Your duties (Show percent of time spent on each duty):

5. Employer _____ Type of Business _____
Employer's address _____
Supervisor _____ Supervisor's Telephone () _____
Dates of Employment: From _____ To _____
Last Month's salary \$ _____ May we contact? Yes No
Reason for leaving _____

Your duties (Show percent of time spent on each duty):

6. Employer _____ Type of Business _____
Employer's address _____
Supervisor _____ Supervisor's Telephone () _____
Dates of Employment: From _____ To _____
Last Month's salary \$ _____ May we contact? Yes No
Reason for leaving _____

Your duties (Show percent of time spent on each duty):

References: List three persons not related to you, whom you have known at least one year.

Name _____ Years Acquainted _____
Address _____ Daytime Telephone () _____
Relationship _____ Evening Telephone () _____

Name _____ Years Acquainted _____
Address _____ Daytime Telephone () _____
Relationship _____ Evening Telephone () _____

Name _____ Years Acquainted _____
Address _____ Daytime Telephone () _____
Relationship _____ Evening Telephone () _____

Additional Information

Please list volunteer and / or related activities; it is not essential to name organizations.

How were you referred to Galichia Medical Group? Newspaper Employee Walk in Nationjob Career Fair
 College Referred Executive Recruiter Former Employee Temporary Service Other _____

To the best of my knowledge, all information on this application is true and correct. I authorize Galichia Medical Group to use the information given in determining my eligibility for employment, including contacting each of my former employers listed concerning my qualifications for employment. I understand that any employment is contingent on a background check initiated by Galichia Medical Group. Permission also is granted to each of my former employers to give Galichia Medical Group information they may have with respect to my work experience with them. I understand that fraudulent statements made in this application may be cause for disqualification for employment at or dismissal from Galichia Medical Group.

I understand that if offered employment I agree to submit to a medical examination and drug test as a condition of employment. I also agree to submit to a medical examination or drug test at any time deemed appropriate by Galichia Medical Group and as permitted by law. I consent to the examination and tests, and I request that the examining doctor disclose to Galichia Medical Group the results of the examination, which the results will remain confidential and separate from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Galichia Medical Group's Drug and Alcohol Policy.

Applicant's signature _____ Date _____

Information received by Galichia Medical Group will be handled confidentially. Galichia Medical Group is an Equal Opportunity / Americans with Disabilities employer.