



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name (print) _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Emergency Contact Name and Phone number _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Can you work overtime? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Have you ever been convicted of or pled guilty or "no contest" to a felony? Yes No

If so, state offense, date, court and place where conviction occurred. _____

NOTE: Conviction of a felony may not automatically disqualify an applicant for employment.

EMPLOYMENT DESIRED

Type of employment Full Time Part time Temporary

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Are you currently employed? ____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? _____

Have you ever applied or worked for this company before?
__Yes __No Explain _____

Do you know anyone who works for our company? __Yes __No

If yes, who? _____

EDUCATION

Name and Location of School	Years Attended	Degree Received	Subjects Studied/ Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From _____ To _____ Telephone _____

Employer Name _____ Ending Rate _____

Address _____

Job Title _____ Supervisor and title _____

Summarize the nature of work performed and job responsibilities _____

Reason for leaving _____

May we contact this employer? ____Yes ____No Telephone number _____

From _____ To _____ Telephone _____

Employer Name _____ Ending Rate _____

Address _____

Job Title _____ Supervisor and title _____

Summarize the nature of work performed and job responsibilities _____

Reason for leaving _____

May we contact this employer? ____ Yes ____ No Telephone number _____

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Employer Name _____ Ending Rate _____

Address _____

Job Title _____ Supervisor and title _____

Summarize the nature of work performed and job responsibilities _____

Reason for leaving _____

May we contact this employer? ____ Yes ____ No Telephone number _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

<u>Name, address, phone, email</u>	<u>Company</u>	<u>Years known</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please read carefully before signing.

Oklahoma City Gynecology & Obstetrics, LLC is an equal opportunity employer. Oklahoma City Gynecology & Obstetrics, LLC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Oklahoma City Gynecology & Obstetrics, LLC to hire me. If I am hired, I understand that either Oklahoma City Gynecology & Obstetrics, LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Oklahoma City Gynecology & Obstetrics, LLC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Oklahoma City Gynecology & Obstetrics, LLC true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. I authorize Oklahoma City Gynecology & Obstetrics, LLC to contact references provided for employment reference checks. I authorize the past employers, all references, any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as Oklahoma City Gynecology & Obstetrics, LLC may make regarding driving records, law enforcement records, credit report and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

I understand that, depending on the position applied for, prior to being offered employment with Oklahoma City Gynecology & Obstetrics, LLC I may be requested to take an examination pertaining to skills or equipment operation. In the event I have a disability which will affect my ability to take the test, I will so inform Oklahoma City Gynecology & Obstetrics, LLC prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Oklahoma City Gynecology & Obstetrics, LLC reserves the right to require medical documentation concerning the need for the accommodation.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH OKLAHOMA CITY GYNECOLOGY & OBSTETRICS, LLC.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.