



**APPLICATION FOR EMPLOYMENT**

**POSITION APPLYING FOR :** \_\_\_\_\_

**ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_  
 On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_  
 Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [ ] Yes [ ] No  
 Have you ever been convicted of a felony? [ ] Yes [ ] No If yes, please describe circumstances: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment? [ ] Yes [ ] No  
 If yes, please describe circumstances: \_\_\_\_\_

Name of any friends or relatives working here: \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test? [ ] Yes [ ] No  
 Do you have any impairments that NEDH needs to accommodate? \_\_\_\_\_

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

**EMPLOYMENT**

*(Most Recent First.)*

May we contact this employer . [ ] Yes [ ] No  
**1. Employer** \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

May we contact this employer. [ ] Yes [ ] No

2. **Employer** \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer. [ ] Yes [ ] No

3. **Employer** \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**REFERENCES :**

**Name:** \_\_\_\_\_ **Business:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Relation:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Business:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Relation:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Business:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Relation:** \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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.

I understand that as a condition of acceptance for employment, I will be required to take a test for illegal drugs and that my refusal to submit to such testing will eliminate me from further consideration for employment. If the drug test is positive, I understand that I will be eliminated from consideration for employment until such time proof of successful rehabilitation is provided.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Northeast Digestive Health Center with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

