

## Peaks and Plains Medical Employment Application

Application Date	Social Security Number
Name	Telephone Number
Present Address	

**Previous Addresses** (List previous addresses and dates during the last 5 years preceding the date of this application.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please specify your wage requirements: \_\_\_\_\_

Please specify the date(s) you are available to work: \_\_\_\_\_

Please specify the days and hours you are available to work: \_\_\_\_\_

Do you have a legal right to work in the United States: \_\_\_\_\_

**Education**

Circle highest grade completed    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18   19   20

List Diploma, Degree, or Certificate \_\_\_\_\_

Can you certify that you do not have felony convictions or any convictions involving dishonesty?  
\_\_\_\_\_

Do you know any reason why you cannot be trusted with confidential health information?  
\_\_\_\_\_

**References** (List name, address, and telephone number of three references who are not related to you.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Employment History** (Starting with the PRESENT or MOST RECENT, list all previous employers over the past three (3) years.)

Employer Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

Position Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Position Duties \_\_\_\_\_

Dates of Employment      From \_\_\_\_\_      To \_\_\_\_\_      Ending Salary \_\_\_\_\_

Reason for Leaving (If discharged or asked to resign, please explain.)

**Employment History** (Starting with the PRESENT or MOST RECENT, list all previous employers over the past three (3) years.

Employer Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

Position Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Position Duties \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving (If discharged or asked to resign, please explain.)

**Employment History** (Starting with the PRESENT or MOST RECENT, list all previous employers over the past three (3) years.

Employer Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

Position Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Position Duties \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving (If discharged or asked to resign, please explain.)

**Employment History** (Starting with the PRESENT or MOST RECENT, list all previous employers over the past three (3) years.

Employer Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

Position Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Position Duties \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving (If discharged or asked to resign, please explain.)

**PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

**I certify** that all statements I have made on this application are true and complete to the best of my knowledge; I have withheld nothing that would, if disclosed, affect this application unfavorably.

**I understand** that any pertinent omission or misrepresentation of fact may result in refusal of employment or immediate dismissal.

**I authorize** the investigation of all statements I have made in this application; the release of references, grade transcripts and additional information pertinent to my employment from sources identified in this application. I hereby release from liability any person giving or receiving any such information.

**I understand** that employment at Peaks and Plains is "at will" and both the company and the employee have an equal right to end the employment relationship at any time with or without notice or cause.

**I hereby acknowledge** that I have read and understand the above statement. I further certify that I have personally completed all information furnished above.

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

\_\_\_\_\_  
Date of Application