



## APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT NUMBER & EMAIL ADDRESS: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

OTHER POSITIONS FOR WHICH YOU ARE QUALIFIED: \_\_\_\_\_

\_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

GRADUATE SCHOOL: \_\_\_\_\_

BUSINESS OR VOCATIONAL SCHOOL: \_\_\_\_\_

DO YOU HAVE OTHER SPECIAL TRAINING OR SKILL (ADDITIONAL SPOKEN OR WRITTEN LANGUAGES, COMPUTER SOFTWARE KNOWLEDGE, MACHINE OPERATION EXPERIENCE, ETC): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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EMPLOYMENT HISTORY – Start from the present or most recent employer.

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

DESCRIBE MAJOR DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: From \_\_\_\_\_ To \_\_\_\_\_

DESCRIBE MAJOR DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: From \_\_\_\_\_ To \_\_\_\_\_

DESCRIBE MAJOR DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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**EMPLOYEE RELEASE AND PRIVACY STATEMENT**

I understand that GastroIntestinal Specialists, A.M.C., requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize GastroIntestinal Specialists to investigate my past employment and educational credentials. I agree to cooperate in such investigations and release those parties supplying such information to GastroIntestinal Specialists from all liability or responsibility with respect to information supplied.

I understand that any employment with GastroIntestinal Specialists would not be for any fixed period of time and that, if employed, I may resign at any time for any reason or the office may terminate my employment at any time for any reason in the absence of a specific written agreement to the contrary.

I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigation will be sufficient grounds for immediate discharge, if I am employed.

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Applicant's Signature

Date