

Southwest Gastroenterology, P.C. Southwest Endoscopy, Ltd.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If so, when? _____
Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

In making this application for employment, I understand that an investigation may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give Southwest Endoscopy any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to Southwest Endoscopy.

I understand that this employment application and any other Southwest Endoscopy documents are not promises of

employment. Should I be employed, I understand that my employment will be on a trial period for ninety days from the date of my hiring. I further understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, at any time, and that Southwest Endoscopy has a similar right. The manager may require specific performance and/or productivity that may change from time to time, and such requirement and performance may be the basis of continued employment. I understand that no manager or representative of Southwest Endoscopy has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that a corporate officer may do so in writing.

I understand that Southwest Endoscopy prohibits the use of alcoholic beverages, controlled substances, or illegal drugs while at work or on business trips during work hours.

I understand that employment is contingent on a negative drug screen as arranged by Southwest Endoscopy.

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

I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the exclusive judgment of Southwest Endoscopy) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I have read and understand this statement.

Signature: _____ Date: _____