



# APPLICATION FOR EMPLOYMENT Galichia Medical Group, P.A.

## Office of Human Resources

Any offer of employment is contingent upon the ability to provide documentation which demonstrates employment eligibility as required by the Immigration Reform and Control Act of 1986.

## Individual Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

E-MAIL Address \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

The furnishing of your social security number is voluntary. The number is used for preventing the confusion of records of candidates with similar names; for background check when the application is for security or financial positions; and, upon hire, for subsequent identification purposes.

SSN \_\_\_\_\_ Are you 18 or more years old?  Yes  No

Have you been convicted of a felony or a misdemeanor other than a routine traffic offense?  Yes  No

(A conviction will not necessarily preclude employment.)

Have you ever been convicted of any criminal offense relating to health care?  Yes  No

Have you ever been listed by a Federal agency as debarred, excluded, or otherwise ineligible for participation in any Federal program, either temporarily or permanently?  Yes  No

Are you a citizen of the United States or an alien eligible for employment under the immigration laws of the United States?  Yes  No

Do you have a valid Kansas driver's license?  Yes  No

## Employment Information

Type of position/position desired \_\_\_\_\_ Date Available \_\_\_\_\_

Temporary  PRN  Full Time  Part Time Shift / Hours preferred \_\_\_\_\_

Salary Desired: \_\_\_\_\_

## Education/Skills History

High school diploma / GED?  Yes  No

University, college, business, technical, and / or trade school education (Please attach transcript(s) if applicable):

School Name and Location	Major	Degree or Certificate

### Clerical Skills

Word processing Type of terminal / PC \_\_\_\_\_

Type of software \_\_\_\_\_

Typing WPM \_\_\_\_\_  Shorthand WPM \_\_\_\_\_

Dictaphone  Ten Key  Other \_\_\_\_\_

### Certifications and Other Skills

BLS Exp. Date \_\_\_\_\_

ACLS Exp. Date \_\_\_\_\_

## Employment History

Please list your past ten years of work history below beginning with your present or most recent job. Complete all lines on the application. Include any military service. Emphasize your specific tasks and supervisory or technical responsibilities. Show percent of time spent on each duty -- not to exceed 100 percent.

1. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone ( ) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Last Month's salary \$ \_\_\_\_\_ May we contact?  Yes  No  
Reason for leaving \_\_\_\_\_

Your duties (Show percent of time spent on each duty):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone ( ) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Last Month's salary \$ \_\_\_\_\_ May we contact?  Yes  No  
Reason for leaving \_\_\_\_\_

Your duties (Show percent of time spent on each duty):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone ( ) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Last Month's salary \$ \_\_\_\_\_ May we contact?  Yes  No  
Reason for leaving \_\_\_\_\_

Your duties (Show percent of time spent on each duty):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone ( ) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Last Month's salary \$ \_\_\_\_\_ May we contact?  Yes  No  
Reason for leaving \_\_\_\_\_  
Your duties (Show percent of time spent on each duty):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone ( ) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Last Month's salary \$ \_\_\_\_\_ May we contact?  Yes  No  
Reason for leaving \_\_\_\_\_  
Your duties (Show percent of time spent on each duty):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone ( ) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Last Month's salary \$ \_\_\_\_\_ May we contact?  Yes  No  
Reason for leaving \_\_\_\_\_  
Your duties (Show percent of time spent on each duty):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** List three persons not related to you, whom you have known at least one year.

Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Telephone ( ) \_\_\_\_\_  
Relationship \_\_\_\_\_ Evening Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Telephone ( ) \_\_\_\_\_  
Relationship \_\_\_\_\_ Evening Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Telephone ( ) \_\_\_\_\_  
Relationship \_\_\_\_\_ Evening Telephone ( ) \_\_\_\_\_

### Additional Information

Please list volunteer and / or related activities; it is not essential to name organizations.

---

---

How were you referred to Galichia Medical Group?  Newspaper  Employee  Walk in  Nationjob  Career Fair  
 College Referred  Executive Recruiter  Former Employee  Temporary Service  Other \_\_\_\_\_

**To the best of my knowledge, all information on this application is true and correct. I authorize Galichia Medical Group to use the information given in determining my eligibility for employment, including contacting each of my former employers listed concerning my qualifications for employment. I understand that any employment is contingent on a background check initiated by Galichia Medical Group. Permission also is granted to each of my former employers to give Galichia Medical Group information they may have with respect to my work experience with them. I understand that fraudulent statements made in this application may be cause for disqualification for employment at or dismissal from Galichia Medical Group.**

I understand that if offered employment I agree to submit to a medical examination and drug test as a condition of employment. I also agree to submit to a medical examination or drug test at any time deemed appropriate by Galichia Medical Group and as permitted by law. I consent to the examination and tests, and I request that the examining doctor disclose to Galichia Medical Group the results of the examination, which the results will remain confidential and separate from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Galichia Medical Group's Drug and Alcohol Policy.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

*Information received by Galichia Medical Group will be handled confidentially. Galichia Medical Group is an Equal Opportunity / Americans with Disabilities employer.*