

EMPLOYMENT APPLICATION

*SIMON WILLIAMSON CLINIC, P.C.
832 PRINCETON AVENUE, S.W.
BIRMINGHAM, ALABAMA 35211*

Instructions:

Print Neatly in Blue or Black Ink

Complete Application in its Entirety, If Not Completed, You Will Not Be Eligible For Hire.

If You Have a Resume, Please Attach.

If Mailing, Return Application To:

Simon-Williamson Clinic

Attn: Personnel

832 Princeton Avenue, S.W.

Birmingham, Alabama 35211

Simon-Williamson Clinic, P.C. STATEMENT OF POLICY

Simon-Williamson Clinic, P.C. is an Equal Opportunity employer. As such, Simon-Williamson Clinic pledges to take the necessary action to preclude discrimination in recruiting, employment, training, promoting, disciplining and/or termination of employees because of race, color, creed, age, sex, national origin, disability, veteran status or other reason in accordance with all applicable state and federal statutes, executive orders and regulation which prohibit discriminatory personnel practices.

PERSONAL INFORMATION

Today's Date	Position Applying For		
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Last Name	First Name	M.I.	Social Security Number
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Street Address	City	State	Zip Code	Minimum Acceptable Salary _____
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When Can You Begin Work	Phone # Home	Cell Phone #
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Specify Type of	• Full Time	• Part Time	Specify Days & Hours Willing to Work	Do You Smoke? Yes • No •
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Whom Should We Notify in Case Of Emergency	Name	Address	Phone	Relation
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Have You Ever Been Associated With Simon-Williamson Clinic In Any Employment Capacity? Yes • No • If Yes, When?	Are You a relative of Anyone Working for Simon-Williamson Clinic? Yes • No • If Yes, Name, Relationship & Dept.
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Have You Ever Been Convicted of Any Crime(s) (Felony or Misdemeanor Including DUI) Other Than Routine Traffic Citations?
Yes • No • If "YES", You Must Disclose All Offenses.

Are You Now Under Pending Investigation or Charges of Violation of Criminal Law?
Yes • No • If "YES", You Must Disclose All Offenses.

Have You Ever Been the Subject of Any Adverse Actions By Any Authorized Sanctioning or Disciplinary Agency?
Yes • No • If "YES", Explain.

Are You Now or Have You Ever Been Excluded or Debarred From Participating in Medicare or Medicaid Programs?
Yes • No • If "YES", Explain.

EDUCATION

School	Name	City	State	Dates Attended	Did You Graduate?	Diploma/Degree Rec'd?	Courses or Major
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High School	TO
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Vocational/ Technical School	TO
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Nursing School	TO
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College or University	TO
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LICENSES AND SPECIAL SKILLS

State/Number of Current Driver's License	Number/Expiration Date of Professional or Occupational Licenses
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Computer Skills – Are you familiar with: Windows • Word Perfect • Excel • Email •	List Other Job-Related Skills You Have, Including Medical Procedures You Are Qualified to Perform
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