

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.** Applications for all positions are considered without regard to race, color, ethnicity, religion, gender, disability, sexual orientation, citizenship status or any other legally protected status.

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about our office?       Newspaper ad       Friend / relative  
 Website       Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone - home \_\_\_\_\_  
 \_\_\_\_\_ Phone - mobile \_\_\_\_\_

What is the best time to contact you? \_\_\_\_\_ AM/PM

If you are under age 18, can you provide proof of your work eligibility?       Yes     No     N/A

Have you ever completed an application to work here before?       Yes     No  
 If yes, when? \_\_\_\_\_

Do you have friends or relatives that are currently employed at Westfield Family Physicians or Great Lakes Medical Research?       Yes     No

Are you currently employed?       Yes     No

If yes, may we contact your current employer?       Yes     No

Are you prevented by law from being employed because of Visa or Immigration Status?       Yes     No

When will you be available to work? \_\_\_\_/\_\_\_\_/\_\_\_\_\_

What is your desired wage rate or salary?      \$\_\_\_\_\_/hr    OR    \$\_\_\_\_\_/year annual salary

Desired work status       Full-time     Part-Time     Temporary / seasonal

Are you currently laid off from an employer and subject to recall back to work?       Yes     No

Are you able to travel if your job requires it?       Yes     No

## EDUCATION

	Name / Address	Course of Study	Number of years completed	Degree or Diploma
Elementary school				
High school				
College - undergraduate				
College - postgraduate				
Other				

**TRAINING / SKILLS / CERTIFICATIONS**

Please describe any special training, certifications, skills, relevant extra-curricular activities, including those obtained through military service and/or from any previous employers.

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**SPECIALIZED SKILLS**

PC / MAC  MS Excel / spreadsheet software

Typing - words per minute \_\_\_\_\_ or  don't know  MS Word / word processing software

Shorthand - words per minute \_\_\_\_\_ or  don't know  MS PowerPoint / presentation software

Medical Practice Management software \_\_\_\_\_

Electronic Health Records software \_\_\_\_\_

Other relevant specialized skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Please state any additional information that may be helpful as we consider your application.

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Can you perform the essential functions of the job for which you are applying either with or without reasonable accommodations?  Yes  No

## EMPLOYMENT HISTORY

1. Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Title & work performed \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ Starting salary / wage rate \$ \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary / wage rate \$ \_\_\_\_\_

2. Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Title & work performed \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ Starting salary / wage rate \$ \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary / wage rate \$ \_\_\_\_\_

3. Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Title & work performed \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ Starting salary / wage rate \$ \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary / wage rate \$ \_\_\_\_\_

4. Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Title & work performed \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ Starting salary / wage rate \$ \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary / wage rate \$ \_\_\_\_\_

Attach additional pages if needed.

**REFERENCES**

1. Name \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

2. Name \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

3. Name \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I certify that my answers on this application are true and complete and I authorize investigation of all statements I made in this application as may be needed in consideration of my employment for this position. This application shall be considered active for a period of up to 45 days. Any applicant wishing to be considered for employment beyond 45 days should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that unless otherwise defined by law, any employment relationship with Employer is of an "at will" nature, meaning that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Employer. If my employment is accepted, I understand that any false or misleading information given in my application or interviews may result in my discharge. I also understand that I'm required to abide by all rules and policies of Employer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**HUMAN RESOURCES PERSONNEL ONLY**

Interview arranged  Yes  No Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks \_\_\_\_\_  
 \_\_\_\_\_

Employment  Accepted  Denied Start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee title \_\_\_\_\_ Starting pay \$ \_\_\_\_\_

Name and Title \_\_\_\_\_ Date \_\_\_\_\_