

APPLICATION FOR EMPLOYMENT



This is an application for employment at Lily of the Valley OB/Gyn. We are a private medical office that provides obstetrical and gynecological care for women of all ages. Our integrated model offers the midwifery and the medical model of care.

Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)			(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)		(State)	(Zip)	Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? Yes No				

POSITION

Position Or Type Of Employment Desired	Will Accept: Part-Time Full-Time Temporary	Shift: Day Weekend Rotating On call
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?						
Yes No						
If no, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			Yes No		
	To					
	From			Yes No		
	To					
	From			Yes No		
	To					
	From			Yes No		
	To					

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English			

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -		From (Month/Year)
Address			
Job Title	Number Employees Supervised		To (Month/Year)
Specific Duties (Maximum 1000 characters)			
			Hours Per Week
			Last Salary
			Supervisor
Reason For Leaving		May We Contact This Employer? Yes No	
Employer	Telephone Number () -		From (Month/Year)
Address			
Job Title	Number Employees Supervised		To (Month/Year)
Specific Duties (Maximum 1000 characters)			
			Hours Per Week
			Last Salary
			Supervisor
Reason For Leaving		May We Contact This Employer? Yes No	

Employer	Telephone Number () -		From (Month/Year)
Address			
Job Title	Number Employees Supervised		To (Month/Year)
Specific Duties (Maximum 1000 characters)			
			Hours Per Week
			Last Salary
			Supervisor
Reason For Leaving		May We Contact This Employer? Yes No	
Employer	Telephone Number () -		From (Month/Year)
Address			
Job Title	Number Employees Supervised		To (Month/Year)
Specific Duties (Maximum 1000 characters)			
			Hours Per Week
			Last Salary
			Supervisor
Reason For Leaving		May We Contact This Employer? Yes No	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:
