



# Carson Medical Group

## Employment Application Form

PLEASE COMPLETE ALL 3 PAGES

DATE

Name

Last

First

Middle

Maiden

Present address

Street

City

State

Zip

How long have you lived at this address?

Home Telephone ( )

Cell phone ( )

Are you 18 years of age or older?  No  Yes

Have you ever been employed by Carson Medical Group before?  No  Yes

Position applied for:

How many hours can you work weekly?

Desired salary:

Date you could start work:

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  PER DIEM

EDUCATION:

	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?	MAJOR & DEGREE
High School			<input type="checkbox"/> No <input type="checkbox"/> Yes	
College			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Business or Trade School			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Professional School			<input type="checkbox"/> No <input type="checkbox"/> Yes	

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

For the health of our employees and patients and to serve as a role model to the community we serve, Carson Medical Group is a **smoke-free** environment and we restrict our hiring consideration to **non-smokers** only.

Do you smoke tobacco products?  No  Yes



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**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. Use the back of this page to list additional jobs.

Name and Address of employer:

Employment dates:

From:

To:

Name of last supervisor:

Phone number

Last job title:

May we contact this employer?  No

Salary upon Leaving:

Yes

Briefly summarize the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name and Address of employer:

Employment dates:

From:

To:

Name of last supervisor:

Phone number:

Last job title:

May we contact this employer?  No  Yes

Salary upon Leaving:

Briefly summarize the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name and Address of employer:

Employment dates:

From:

To:

Name of last supervisor:

Phone number:

Last job title:

May we contact this employer?  No  Yes

Salary upon Leaving:

Briefly summarize the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.



**Carson Medical Group**  
**Employment Application Form**

References: Please list two references other than relatives or previous employers.	
Name:	Name:
Position:	Position:
Company:	Company:
Address	Address:
Telephone: ( )	Telephone: ( )
Years Acquainted:	Years Acquainted:

**PLEASE READ CAREFULLY**  
**APPLICATION FORM WAIVER**

I hereby give Carson Medical Group permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Carson Medical Group from any liability as a result of such contact. I understand that the misrepresentation or omission of facts called for in this application is cause for dismissal at any time without any previous notice.

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Carson Medical Group.

I further understand that any employment with the Carson Medical Group shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Should you be offered employment by Carson Medical Group you will be required to verify your identity with valid driver's license, social security card, US Passport, or other Federally accepted form of identification (per Form I-9). Applicants will be required to complete a W-4 and I-9 form indicating social security and US immigration status.

All job applicants at Carson Medical Group will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by CMG and by signing this application, will release CMG from liability. Any applicant with positive test results will be denied employment at that time.

*Carson Medical Group is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Carson Medical Group depends solely on your qualifications.*