



Application for Employment

FAX: (512) 420-0397

All applicants must complete this application form in full. PLEASE PRINT CLEARLY.
This application is void after 60 days. The applicant must reapply after that time.

EMPLOYMENT DESIRED

Position(s) applied for: Date:

AG Location(s) desired:

Type of employment desired: Full-time Part-time temporary/PRN per diem
(Please circle all that apply)

Date you can begin work: Rate of pay desired: \$ per hour

Days/hours available to work: Monday Tuesday Wednesday Thursday Friday
(Please circle days & specify hours)

REFERRAL SOURCE

Advertisement Employee Relative Walk-in AG Website Other, Please Specify Below
(Please circle)

Name of Source:

PERSONAL INFORMATION

Cell Phone:

(Last Name) (First Name) (Middle Name) (Home Phone Number)

(Current Home Street Address) (City) (State) (Zip Code) (Yrs. @ Current Address)

(Previous Home Address if current < 2 yrs) (City) (State) (Zip Code) (Yrs. @ Previous Address)

May we contact you at work? If yes, please provide the telephone number with area code:

Are you 18 yrs. or older? Yes No Other last name(s) you have used:

Have you ever been convicted, entered a plea of no contest, or entered into deferred prosecution for any offense, including alcohol or drug related offenses? Yes No

If yes, please provide the number of conviction(s), pleas(s), deferred prosecution(s), the nature of the offense(s), the sentence(s) or community service(s) imposed. This information will only be considered together with the position sought, work environment, and other work related factors in the hiring process.

Driver's License Number: State:

If you are applying for a licensed or certified position is the current license/certification in good standing? Yes No

License or Registration Number: The State is: It expires:

Has your professional license ever been suspended or revoked? Yes No
If yes, please attach an explanation.

EMPLOYMENT HISTORY (Begin with most recent employer. **DO NOT refer to a resume.** A minimum of the past 5 yrs. work history.)

1.

(Employer's Name and Type of Business) (Dates of Employment/ From -To)

_____(_____)_____
(Employer's Street Address) (City) (State/Zip) (Telephone)
Starting Position: _____ Dept: _____ Pay Rate: _____/hour
Final Position: _____ Dept: _____ Pay Rate: _____/hour
Supervisor's Name & Title: _____
Main duties performed: _____

Reason for leaving: _____
If presently employed, may we contact your employer? Yes No Charge Nurse Experience? Yes No

2.

(Employer's Name and Type of Business) (Dates of Employment/ From -To)

_____(_____)_____
(Employer's Street Address) (City) (State/Zip) (Telephone)
Starting Position: _____ Dept: _____ Pay Rate: _____/hour
Final Position: _____ Dept: _____ Pay Rate: _____/hour
Supervisor's Name & Title: _____
Main duties performed: _____

Reason for leaving: _____
May we contact this employer? Yes No Charge Nurse Experience? Yes No

3.

(Employer's Name and Type of Business) (Dates of Employment/ From -To)

_____(_____)_____
(Employer's Street Address) (City) (State/Zip) (Telephone)
Starting Position: _____ Dept: _____ Pay Rate: _____/hour
Final Position: _____ Dept: _____ Pay Rate: _____/hour
Supervisor's Name & Title: _____
Main duties performed: _____

Reason for leaving: _____
May we contact this employer? Yes No Charge Nurse Experience? Yes No

4.

 (Employer's Name and Type of Business) (Dates of Employment/ From -To)

 (Employer's Street Address) (City) (State/Zip) (_____) (Telephone)

Starting Position: _____ Dept: _____ Pay Rate: _____/hour

Final Position: _____ Dept: _____ Pay Rate: _____/hour

Supervisor's Name & Title: _____

Main duties performed: _____

Reason for leaving: _____

May we contact this employer? Yes No Charge Nurse Experience? Yes No

5.

 (Employer's Name and Type of Business) (Dates of Employment/ From -To)

 (Employer's Street Address) (City) (State/Zip) (_____) (Telephone)

Starting Position: _____ Dept: _____ Pay Rate: _____/hour

Final Position: _____ Dept: _____ Pay Rate: _____/hour

Supervisor's Name & Title: _____

Main duties performed: _____

Reason for leaving: _____

May we contact this employer? Yes No Charge Nurse Experience? Yes No

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? Yes No If yes, what Branch: _____

Describe any training received that is relevant to the position for which you are applying: _____

OFFICE SKILLS AND QUALIFICATIONS

(enter number of years of experience, unless otherwise indicated)

Accounting _____ Shorthand _____ Dictaphone _____

Calculator _____ Typing _____ Receptionist _____

Clerk _____ Word Processor _____ Data Entry _____

Software (specify programs) _____

Other _____

Please summarize special skills and qualifications from previous employment which would qualify you for a position at Austin Gastroenterology.

EDUCATION

High School: _____ City/State: _____ Diploma/Degree/Certificate & Yr. Rec'd: _____

Name Graduated Under: _____

College: _____ City/State: _____ Diploma/Degree/Certificate & Yr. Rec'd: _____

Name Graduated Under: _____

Other School: _____ City/State: _____ Diploma/Degree/Certificate & Yr. Rec'd: _____

Name Graduated Under: _____

CERTIFICATIONS/NON-CLINICAL LICENSES: _____

BLS: _____ ACLS: _____ CPR: _____ PARAMEDIC: _____
(Expires) (Expires) (Expires) (Expires)

List any foreign language(s) skills and describe your skill level: _____

List any special accomplishment, awards, courses that are relevant: _____

List any other information that you would like us to consider _____

Thank you for completing this application and for your interest in Austin Gastroenterology, P.A.. We would like to assure you that your opportunity for employment with us is based on merit and other nondiscriminatory considerations.

By signing this application, you are certifying that the facts set forth are true and complete. You are also certifying that you understand that any misrepresentation, false statement, or omission of fact from this application may result in your not being considered for employment, or if employed, immediate termination at any time. You are also authorizing investigation of all statements contained in this application and full disclosure of your present and prior work record. You understand that employment with Austin Gastroenterology, P.A. may require a pre-employment post-offer physical examination. Proof of citizenship or immigration status will also be required within three (3) days of date of hire.

I do hereby authorize, without reservation, any employers, schools, law enforcement agencies, department of motor vehicles, licensing boards, professional disclosure bodies, or other persons to furnish Austin Gastroenterology, P.A. and its third party corporate screening services with any information it may have concerning myself which is on record or otherwise, and release the addressed individual, company, institution and all individuals connected therewith, including Austin Endoscopy Center, L.L.P. from all liability for any damage whatsoever incurred in furnishing such information. In connection with my Application for Employment (including contract for services) with Austin Gastroenterology, P.A. and/or Austin Endoscopy Center, L.L.P., I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance, and experience along with reasons for termination of past employment from previous employers. I have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as neighbors, friends, or associates.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in that position applied for or any other position, and regardless of any contents of any employee handbooks, personnel manuals, benefit plans, policy statements, and the like that may exist from time to time, or other Austin Gastroenterology, P.A. practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Austin Gastroenterology, P.A. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that that relationship cannot be altered. Both the undersigned may end the employment at any time without notice or reason; however, failure of the undersigned to provide notice may result in the forfeiture of certain benefits. If employed, I understand that Austin Gastroenterology, P.A. may unilaterally change or revise benefits, policies, procedures, job descriptions, and work schedules at any time. To be considered for employment, I understand that I must be able to perform the essential functions of the position with or without reasonable accommodation. I further understand that continued employment may be based on the successful passing of job-related physical examination(s), third party background checks performed as an agent of Austin Gastroenterology, P.A., and a pre-employment drug screen. I have read and understand this agreement.

(Applicant's Signature)

(Date/Time)

(Witness Signature)

(Date/Time)

Austin Gastroenterology, P.A. is a drug & smoke free work environment