

FAMILY MEDICAL CENTER EMPLOYMENT APPLICATION

THSt Iva	me	M.I.	Last		Maiden	Name
	Stree	et Address			referred Name	/ Nickname
		State	Zip	Code T	oday's Date	
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Primary	Phone		E-Mail Addr		Alt)ernative Number
How did	PLACE A CHECK BY I you hear about us? Desired	Classified A	d ☐ Friend (Nan	ne)		
	ate are you able to star			ans country:	_ 103	_ 110
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What ho	ours do you prefer to	work? Full-	-Time □ Part-Time	;		
In what	local area do you pre	fer to work?	□ Idabel	☐ Battiest	□ Hugo	☐ Broken Bow
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eld. If you were self-employed, give Name of Employer	Name of last	Employment dates	Pay or salary
Address	supervisor		
City, State Zip		From	Start
Phone number			
		То	Final
	Your last job tit	le	1
Reason for leaving (be specific)			
List the jobs you held, duties perform	ed, skills used or learned, advar	ncements or promotions	while you worke
this company.			, , , , , , , , , , , , , , , , , , ,
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List the jobs you held, duties perform this company. Name of Employer Address City, State Zip Phone number Reason for leaving (be specific)	Name of last supervisor Your last job tit	Employment dates From To	Pay or salary Start Final
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List the jobs you held, duties perform this company. Name of Employer Address City, State Zip Phone number Reason for leaving (be specific)	Name of last supervisor Your last job tit	Employment dates From To	Pay or salary Start Final

Name of Employer Address		Name of last	Employment dates	Pay or salary
City, State Zip		supervisor	From	Start
Phone number			Tiom	Start
			То	Final
		Your last job tit	le	
Reason for leaving (l	be specific)			
	d, duties performed, ski	lls used or learned, advar	ncements or promotions	while you worked at
this company.				
Pleas	se list at least two refe	rences other than relati	ves or previous emplo	vers:
Name	Address	City, State Zip		Professional/Personal
				_
Please use the space b	elow to describe your f	ull qualifications for the	position in which you a	re most interested.
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CERTIFICATE OF CANDIDATE	(To Be Completed B)	y All Candidates)
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General: I have submitted the attached form to the company for the purpose of obtaining assistance in securing permanent, temporary, or contract employment. I understand that I will never be charged a fee by the company. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application. I certify as to the accuracy of the matters set forth herein and in my resume and understand that any misstatement of fact may cause me to be refused employment or to lose my employment.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:	DATE:
SIGNED:(Candidate)	