



WASHINGTON TOWNSHIP MEDICAL GROUP, INC.
EMPLOYMENT APPLICATION

Date: _____

Personal:

Name: _____

Address: _____

City: _____

Phone: _____ Cell: _____

Position Sought: _____ Full Time: _____ Part Time: _____

Date Available: _____ Salary Desired: _____

Social Security Number: _____

Are you over 18 years old? _____ Yes _____ No

Are you legally eligible for employment in the United States? _____ Yes _____ No

Education: Please indicate education or training.

High School: Number of years completed (circle one) 1 2 3 4

Diploma: _____ Yes _____ No G.E.D. _____ Yes _____ No

School: _____ City/State: _____

Major: _____ Other Training or Degree: _____

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4

School: _____ City/State: _____

Major: _____ Other Training or Degree: _____

School: _____ City/State: _____

Degree or Certification Earned: _____

Professional License: _____ Expiration Date: _____

Skills: Please Circle

Office:

Data Entry Excel MS Word Other Software Programs: _____

Have you ever been employed with WTMG in the past? _____ Yes _____ No

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense? _____ Yes _____ No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Previous Employment: List the last employer first, including U.S. Military Service.

Employer: _____

Address: _____ City/State: _____

Phone: _____ Position: _____

Dates of Employment: _____ to _____ Salary: _____

Reason for Leaving: _____ Contact Person: _____

Employer: _____

Address: _____ City/State: _____

Phone: _____ Position: _____

Dates of Employment: _____ to _____ Salary: _____

Reason for Leaving: _____ Contact Person: _____

Employer: _____

Address: _____ City/State: _____

Phone: _____ Position: _____

Dates of Employment: _____ to _____ Salary: _____

Reason for Leaving: _____ Contact Person: _____

Employer: _____

Address: _____ City/State: _____

Phone: _____ Position: _____

Dates of Employment: _____ to _____ Salary: _____

Reason for Leaving: _____ Contact Person: _____

Please explain any gaps in work history: _____

References:

Professional

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize a Washington Township Medical Group representative to verify their accuracy and to obtain reference information on my work performance. I hereby release WTMG from any/all liability of whatever kind and nature, which, at the time, could result from obtaining and having an employment decision, based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on the application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of WTMG. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I, or WTMG, may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date _____