



Employment Application

APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Referred By:											

EDUCATION

High School				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						

REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							

Address	
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PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

Dayton Gastroenterology complies with the law regarding reasonable accommodation for disabled employees. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact the Human Resources Department in order to arrange such accommodation. We are an equal opportunity employer and make all employment decisions, including those related to recruitment, hiring, training, promotion, and recognition of individuals on the basis of their ability and job related qualifications and without regard to race, creed, color, religion, gender, sex, marital status, sexual orientation, national origin, age, physical or mental disability, genetic predisposition or carrier status, military status, veteran status and any other classification protected by law. Additionally we employ and advance in employment individuals with disabilities and to treat qualified individuals without discrimination on the basis of their physical or mental disability. Please completely fill out this application. Failure to complete all sections may disqualify you from consideration for employment.

I certify that the information given herein is true and complete to the best of my knowledge. I authorize The Company to investigate any information, including my employment history, educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. Subject to compliance with the Fair Credit Reporting Act, I authorize and agree that a personal background investigation may be conducted as a condition of my employment. My former employers, educational institutions, and personal references may provide information that they may have about me in response to inquiry from the employer. I understand that false information, omissions or misleading information or misrepresentations given in my application or during the interview process may result in a refusal to hire, or discharge in the event of employment.

I understand that Dayton Gastroenterology may conduct Pre-Employment Drug Testing and that by signing the application I am consenting to a drug test. Further, I understand that a positive drug test will prohibit my employment.

I understand that I shall be required to provide documentation establishing my legal authorization for employment within the first three days of my employment. I understand that if employed, my employment will be at will and that I will not have a contract for employment nor a guarantee of employment. The Company is an Equal Opportunity Employer and shall treat all employees and all applicants for employment equally and fairly based upon job-related qualifications and in accordance with all applicable local, state and federal laws. Under Ohio State statute, once you have been deemed "qualified" for consideration for the position to which you have applied, the employer has the right to inquire about whether or not you have been convicted of any crime(s). This Employment Application Supplement is the vehicle for collecting that information.

Dayton Gastroenterology will not unlawfully deny employment to applicants who have criminal records and will conform to the requirements, under the Ohio statute. Special Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Ohio General Statutes. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon.

I hereby certify that the information provided on this application is accurate, complete and true. I understand that failure to provide information which is accurate, complete and true may result in disqualification from further employment consideration or, if employed, may result in my dismissal. I understand that all statements on this application supplement are subject to verification as a condition of employment.

DO NOT SIGN AS REQUESTED BELOW UNTIL YOU HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND ITS TERMS AND CONDITIONS, AND AGREE TO THE TERMS AND CONDITIONS SET FORTH HEREIN. YOUR SIGNATURE BELOW INDICATES YOUR AGREEMENT TO THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. THE CONSIDERATION FOR YOUR ACCEPTANCE OF THE TERMS AND CONDITIONS SET FORTH HEREIN IS COMPANY'S WILLINGNESS TO REVIEW YOUR APPLICATION AND EMPLOYMENT IF YOU ARE SELECTED FOR EMPLOYMENT..

By signing below, I certify that all answers to questions in the application, and other reference documents referenced above are true and complete to the best of my knowledge. I understand that misrepresentation, omission, or falsified statements on this Application or any other reference documents in any detail shall constitute sufficient cause for disqualification from further consideration for hire or for dismissal whenever discovered.

_____(SIGNATURE)

Date: _____

SUBMISSION TO DRUG TESTING

As a condition of employment, each employee is subject to a pre-employment drug test for alcohol and illegal drug use. If an employee tests positive for alcohol or illegal drug test, the offer of employment will be rescinded by the Company.