

DIGESTIVE HEALTH CLINIC, LLC

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on the application form. **PLEASE PRINT**, except for signature on back of this Application. The company will make reasonable accommodation in the application process, if needed.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary to fill out a new application.

NAME (Print) _____ TODAY'S DATE _____
Last First Initial

PRESENT ADDRESS _____ TEL NO. _____
No. Street City ID Zip Day Evening

Job applied for? _____ When are you available for employment? _____

Which type of employment are you seeking: Full-time _____ Part-time _____ Temporary or Summer _____

After reviewing the job description for the position to which you have applied, are you able to perform the essential job functions with or without reasonable accommodation? Yes _____ No. _____
Have you been previously employed by Digestive Health Clinic, LLC? Yes ___ No ___

If yes, give dates employed and reason for leaving: _____

RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer				Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reasons for Leaving		Supervisor's Name and Title	
From		To		Starting	Ending				
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

May we contact your current employer? Yes ___ No ___

2. Name of Next Previous Employer				Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reasons for Leaving		Supervisor's Name and Title	
From		To		Starting	Ending				
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

3. Name of Next Previous Employer				Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reasons for Leaving		Supervisor's Name and Title	
From		To		Starting	Ending				
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

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4. Name of Next Previous Employer				Address		Telephone		Type of Business		
Dates Employed			Rate of Pay		Reasons for Leaving			Supervisor's Name and Title		
From		To		Starting		Ending				
Mo. Yr.		Mo. Yr.								
List the jobs you held, duties performed, skills used or learned, advancements or promotions.										

5. Name of Next Previous Employer				Address		Telephone		Type of Business		
Dates Employed			Rate of Pay		Reasons for Leaving			Supervisor's Name and Title		
From		To		Starting		Ending				
Mo. Yr.		Mo. Yr.								
List the jobs you held, duties performed, skills used or learned, advancements or promotions.										

Are you excluded from any Federally Funded Healthcare Program? Yes ___ No ___. If a candidate or employee is excluded from any Federally Funded Healthcare program, this will result in immediate disqualification from employment consideration or if already hired, it will require termination of employment.

Have you ever been convicted, pled guilty or nolo contendere, or received a withheld judgment for any criminal offense? Yes ___ No ___ (A conviction will not necessarily disqualify an applicant.) If yes, please explain:

Do you have a criminal matter currently pending? Yes ___ No ___

Are you over 18 years of age? Yes ___ No ___

Are you authorized to work in the United States? Yes ___ No ___

(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Positions Only: Do you have a valid driver's license? Yes ___ No ___

License Number and State issued? _____

EDUCATION (Circle last year completed)

SCHOOL NAME

MAJOR SUBJECTS

Elementary & Jr. High 5 6 7 8

Not Applicable

High School 1 2 3 4

College 1 2 3 4

Other job related education

Do you have additional job-related certifications/licenses? Yes ___ No ___

Yes ___ No ___

No. _____

If you are an experienced operator of any business machines or equipment, please list:

Other job-related skills: _____

This employment application is used to notify me that the nature and scope of the investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I certify that the answers given by me to the foregoing questions are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application may result in dismissal. I understand and agree that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or reason, and that this employment application does not constitute an employment contract.

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Signature _____

Date _____