

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 _____ Telephone Number _____

Job Applied For? _____ How did you learn about the position? _____

Type of employment are you seeking (circle all that apply): Full-time / Part-time / Temporary Date Available For Employment? _____

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 _____

If you have previously been employed by Digestive Health Clinic, LLC list the dates employed and reason for leaving: _____

RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer		Dates Employed	
		From Month/Year	To Month/Year
Address of Employer		Reason for Leaving	
Telephone ()	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	List the jobs you held, duties performed, skills used or learned, advancements or promotions.	
Type of Business			
Name of Supervisor	Title of Supervisor		
2. Name of Employer		Dates Employed	
		From Month/Year	To Month/Year
Address of Employer		Reason for Leaving	
Telephone ()		List the jobs you held, duties performed, skills used or learned, advancements or promotions.	
Type of Business			
Name of Supervisor	Title of Supervisor		
3. Name of Employer		Dates Employed	
		From Month/Year	To Month/Year
Address of Employer		Reason for Leaving	
Telephone ()		List the jobs you held, duties performed, skills used or learned, advancements or promotions.	
Type of Business			
Name of Supervisor	Title of Supervisor		

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4. Name of Employer		Dates Employed	
		From Month/Year	To Month/Year
Address of Employer		Reason for Leaving	
Telephone ()		List the jobs you held, duties performed, skills used or learned, advancements or promotions.	
Type of Business			
Name of Supervisor	Title of Supervisor		
5. Name of Employer		Dates Employed	
		From Month/Year	To Month/Year
Address of Employer		Reason for Leaving	
Telephone ()		List the jobs you held, duties performed, skills used or learned, advancements or promotions.	
Type of Business			
Name of Supervisor	Title of Supervisor		

Are you excluded from any Federally Funded Healthcare Program? 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. Yes No

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

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? (Federal Law requires proof of identity and employment authorization for all new employees.) Yes No

For Driving Positions Only: List Driver's License Number and State issued Yes No

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degrees Received
Elementary & Jr. High		5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / Technical School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Job-Related Education				
Do you have additional job-related certifications/licenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		License Number & State Issued		
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
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