

NOTICE: If you need assistance or accommodation in completing this application, please inform us. Such requests will not adversely affect your being considered for the position for which you are applying.

Employment, if offered, is contingent upon your providing proof of identity and employment eligibility and your completing a form I-9, as required by the Immigration Reform and Control Act of 1986 AND your submitting to a drugs/substances screening test and testing negative for prohibited drugs/substances.

INSTRUCTIONS: **PLEASE PRINT LEGIBLY** ALL RESPONSES, except your signature. Please complete ALL items. The information you provide will allow us to consider you for the position for which you have applied.

NAME (Last) _____ (First) _____ (MI) _____ E-mail address _____

ADDRESS (Street) _____ (City) _____ (Zip) _____ Telephone Number _____

TODAYS DATE ___/___/20___ DATE AVAILABLE ___/___/20___ Are you age 18 or older? Yes No

POSITION APPLYING FOR _____ Are you available to work: _____

Do you have any restriction on working overtime? Yes No Full Time Part Time Either

Specify any days and/or hours NOT available: _____

If hired, do you have adequate transportation to and from work? Yes No

If you are a relative* or domestic partner of any of our current employees, list his/her/their name(s): _____

*Relative means: grandparent; parent; spouse; child; sibling; or similar relationship in-law or step-relationship.

Have you ever worked using another last name? Yes No If yes, explain _____

Have you previously worked for Thunderbird Internal Medicine? Yes No If yes, provide dates _____

EDUCATIONAL RECORD				U.S. MILITARY RECORD
	School Name; City & State	Major Field	Degree Earned	<input type="checkbox"/> I have not served in the U.S. Military. <hr style="width: 100px; margin: 5px auto;"/> U.S. Military Service From ___/___/___ To ___/___/___ Branch _____ Rank at Separation _____
High School				
College or University				
Graduate School				
Technical, Business, Trade School				
Professional License or Certification				

DESCRIBE ANY TRAINING COURSES / WORKSHOPS / CLASSES YOU HAVE TAKEN RELATED TO THE POSITION OR TYPE OF WORK YOU ARE SEEKING: (if more space is needed, please complete the information on a separate page and attach it to this Application)

INDICATE WITH AN "X" YOUR EXPERIENCE IN THE FOLLOWING

CLERICAL / ADMINISTRATIVE

- Keyboarding _____ WPM
- PBX/Multi-line Phone System
- Fax machine
- Copier
- Filing
- Human Resources (HR)
- Customer Service

ACCOUNTING

- Accounts Receivable
- Accounts Payable
- Inventory Control
- Financial Statements
- Bank Reconciliations
- Credit & Collections
- Purchasing

MEDICAL

- Phlebotomy
- Medical Assisting
- Medication Injections
- Medical Terminology
- Radiology (X-Ray)
- Electronic Medical Records

Please list any other experiences, skills, or qualifications you feel would aid us in evaluating your application _____

Please identify any equipment/systems/machines that you have used and are familiar with _____

Software Proficiency	None	Basic	Intermediate	Advanced	Comments
Microsoft Windows		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Word		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Excel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Power Point		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Office		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Outlook		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT RECORD

DO NOT WRITE "SEE RESUME". If you have a resume, you may attach it **IN ADDITION TO** completing this section. In the spaces below account for all time for the past **7** years, whether working or not. **START WITH YOUR MOST RECENT EXPERIENCE AND CONTINUE BACKWARDS.** Include military service and any periods of unemployment. Give complete names and addresses. If self-employed, give firm name. Attach additional sheets, if necessary, to cover the past **7** years.

If you are presently employed, may we contact your present employer? Yes No

From: mo/yr	Name and Address of Employer _____ _____	Position Held	Name of Supervisor
To: mo/yr	Area Code and Phone # _____	Pay\$ _____ Per _____	Why did you leave?
From: mo/yr	Name and Address of Employer _____ _____	Position Held	Name of Supervisor
To: mo/yr	Area Code and Phone # _____	Pay\$ _____ Per _____	Why did you leave?
From: mo/yr	Name and Address of Employer _____ _____	Position Held	Name of Supervisor
To: mo/yr	Area Code and Phone # _____	Pay\$ _____ Per _____	Why did you leave?

If more space is needed, please complete the information on a separate page and attach it to this Application.

CONTRACTUAL OR NO COMPETE OBLIGATIONS, if any

At this time, do you have any contractual obligation or other duty you may owe to former employers or other parties, including obligations not to compete, and/or obligations not to disclose trade secrets or other business information?

Yes No

If 'YES', please explain _____

CRIMINAL HISTORY, if any

Have you been convicted of, or pleaded guilty to, or pleaded no contest to a felony or misdemeanor in the past ten (10) years? **Please note that a 'Yes' answer to this question does not necessarily disqualify an applicant from employment.** Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The company reserves the right to reject individuals for employment based on job-related convictions.

Yes No

If you answered 'Yes', please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

If more space is needed, please complete the information on a separate page and attach it to this Application.

PROFESSIONAL REFERENCES

Please provide three (3) professional references, not including the Supervisors listed on page 2 in Employment Record.

Name: Address:	Relationship: Phone:
Name: Address:	Relationship: Phone:
Name: Address:	Relationship: Phone:

APPLICANT CERTIFICATION - READ CAREFULLY BEFORE SIGNING

I certify that the information I have provided on this Employment Application is true and complete. I understand and agree that employment with Thunderbird Internal Medicine, if offered, may be immediately discontinued if misrepresentation, falsified statements, or material omissions are found to have been made. I authorize schools, former employers, and former supervisors to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and also upon my providing proof of identity and employment eligibility and completing a form I-9.

I also understand that, if employed, Thunderbird Internal Medicine or I may terminate the employment relationship at any time, with or without cause, with or without notice, and without liability. I understand and agree that, if employed, employment does not constitute a contract of employment between Thunderbird Internal Medicine and me. I agree to abide by and conform to all Thunderbird Internal Medicine policies, rules, and procedures as may be in effect from time to time.

I have read the above, understand its content and meaning, and agree to all of its provisions. I understand that, upon my request, I will be provided a copy of my signed Employment Application.

SIGNATURE _____ Date _____ 20____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____, 20____

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If Hired, Tentative Start Date _____, 20____ Job Title _____

Compensation:

\$_____ per hour OR Salary of \$_____, weekly bi-weekly semi-monthly

NOTES/COMMENTS, if any:

Date of Offer Letter _____, 20____ Offer Letter: Accepted _____, 20____

Declined _____, 20____