

Application for Employment

Name: _____
Last Name First Name Middle Name

Today's Date: _____

Thank you for your interest in Willamette Ear, Nose, Throat and Facial Plastic Surgery, LLP.

An Equal Opportunity Employer

The Practice does not discriminate on the basis of race, religion, national origin, color, sex, sexual orientation, age, physical or mental disability, genetic information, veteran status or any other status or classification protected under applicable local, state or federal nondiscrimination laws. It is the Practice's intention that all applicants be given equal opportunity and the selection decisions are based on job-related factors. Any person needing reasonable accommodation in the application process should contact Human Resources.

■ **INSTRUCTIONS:** Each question should be fully and accurately answered. Please complete this application and any other forms you submit using your own handwriting or typing skills. If you fail to complete any portion of this application, the Practice may disqualify you from further consideration as an applicant.

Contact Information

Present Address _____ City _____ State _____ Zip _____

Telephone Number _____ Cell Phone or Message Number _____

Mailing Address if Different _____ City _____ State _____ Zip _____

Career Interest

■ Position applied for _____

■ Salary Required _____

■ How were you referred to the Company? _____

■ Are you available to work: Evenings? Yes No If no, please explain _____

■ Are there any times during the day when you are not available to work? If yes, please specify _____

■ When are you available to start work? _____

General

■ Driver's License Number: _____ State _____

■ Have you ever been employed by the Company? Yes No If so, when? _____

■ Do you have any relatives employed by the Company? Yes No

If so, please state their name and relationship _____

■ List any Company employees you know: _____

■ If hired, are you able to provide documentation verifying your right to work in the United States? Yes No

(The Federal Immigration Reform and Control Act requires individuals to provide to an employer documentation verifying that they are authorized to work in the United States. If hired, you will be required to provide the required documentation and to complete U.S. Citizenship and Immigration Services Form I-9 on your first day of employment)

Work History

■ List names of employers in consecutive order with your present employer listed first. Account for all periods of time including military service, self-employment and any periods of unemployment. Please fully complete this section even if you are including your resume as an attachment. Use blank paper if you do not have enough room on this application form.

PLEASE GIVE MONTH AND YEAR OF EMPLOYMENT.

May we contact this employer at this time? Yes No

Name of Employer _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Supervisor's Name _____

Your Job Title _____ Employed From _____ to _____

Duties _____

Reason for leaving (please check one box): Quit Discharge Lay-off / Lack of work If Quit or Discharge, please explain in detail: _____

Name of Employer _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Supervisor's Name _____

Your Job Title _____ Employed From _____ to _____

Duties _____

Reason for leaving (please check one box): Quit Discharge Lay-off / Lack of work. If Quit or Discharge, please explain in detail: _____

Name of Employer _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____ Supervisor's Name _____
Your Job Title _____ Employed From _____ to _____
Duties _____

Reason for leaving (please check one box): Quit Discharge Lay-off / Lack of work If Quit or Discharge, please explain in detail: _____

Name of Employer _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____ Supervisor's Name _____
Your Job Title _____ Employed From _____ to _____
Duties _____

Reason for leaving (please check one box): Quit Discharge Lay-off / Lack of work If Quit or Discharge, please explain in detail: _____

Name of Employer _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____ Supervisor's Name _____
Your Job Title _____ Employed From _____ to _____
Duties _____

Reason for leaving (please check one box): Quit Discharge Lay-off / Lack of work If Quit or Discharge, please explain in detail: _____

Education

High School or GED _____ Graduated? Yes No

Trade or Business School _____

College or University _____ Graduated? Yes No

Degree _____ College Major _____ Minor _____

Graduate School _____ Graduated? Yes No

Degree _____ College Major _____ Minor _____

■ Professional Licenses or Certification: 1. _____ 2. _____

Special Skills

■ Indicate any current skill certifications you have earned, vocational training, or current valid licenses and/or certificates that bear your suitability for this position: _____

■ Do you have any other skills that are pertinent to this position? _____

■ Languages: _____

References

■ Give three work-related references that the Company may contact.

Name	Address	Telephone Number	Occupation/Title

Ability to Perform Essential Job Functions

Can you perform all essential functions of the job(s) for which you have applied, either with or without reasonable accommodation?

Yes No

Please Read, Initial Each Statement, and Sign Your Name

1. If I am employed by the Practice, I will comply with all work-related requirements set forth by the Practice. _____
2. By my signature below, I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, or material omissions may result in disqualification of my application or termination of my employment if I am hired. _____
3. I understand that if hired, unless otherwise specified, I will be an "at-will" employee and agree that the employment relationship can be terminated at any time, for any reason, with or without notice, with or without cause, by me or by the Practice. _____
4. I understand that no representative of the Practice has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing. _____
5. I voluntarily give the Practice permission to confirm by personal inquiry, or otherwise, information provided in this application. I release from all liability or responsibility the Practice and all persons, companies, or corporations providing information to the Practice about me. _____
6. I understand and agree that any offer of employment may be contingent on satisfactory results from reference checks, a urinalysis or other procedure used to detect the use of illegal drugs, a background check, a medical examination based on my ability to perform the job (where called for due to the nature of the position) and a motor vehicle check (where called for due to the nature of the position). _____
7. I hereby acknowledge that I have read and understand the above statements. _____

***Note: Applications submitted without a signature will not be considered.**

Applicant's Signature

Date