Application for Employment

Date _____

Norfolk Medical Group, LLC

301 N. 27th Street, Ste 1

Norfolk, NE 68701

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, color, religion, sex, national origin, age, disability or any other characteristic protected by state or federal law.

Personal Information

Name _____ Social Security Number _____
Last First Middle

Present Address _____
Street City State ZIP

Permanent Address _____
Street City State ZIP

Phone Number (____) _____ Alternative or Work Phone (____) _____

Have you ever been employed by us before? Yes □ No □ Are you 18 years or older? Yes □ No □

Have you ever worked under another name(s) Yes □ No □ If yes, list name(s) _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes □ No □

Have you ever been convicted of any crime, including misdemeanors and felonies? Yes □ No □ If yes, please state the nature of the offense and the date of the conviction.

_____

_____

NOTE: Answering "yes" to the above question does not constitute an automatic bar from employment. Factors such as the date of the conviction, seriousness and nature of the conviction, and position applied for will be considered.

Employment Desired

Position(s) applying for

1. _____ 2. _____ 3. _____

□ Full-Time □ Part-Time □ On Call Hours per Week Minimum_____ Maximum_____

Date you can start _____ Salary desired _____

Are you employed now? Yes □ No □ If so, may we contact your present employer? Yes □ No □

Have you applied to this company within the past 12 months? Yes □ No □ When_____

How did you hear about our company? _____

Education

	Name & Location	Number of years completed	Did you graduate?	Subject(s) studied & Degree(s) received
High School			Yes □ No □	
College or University			Yes □ No □	
Nursing School or Vocational School			Yes □ No □	
Other			Yes □ No □	

Professional Licenses, Registrations and/or Certifications

(RN, LPN, Radiologic Technologist, Medical Technologist, Etc)

Type_____ License/Certificate Number_____
State Issued_____ Expiration Date _____
Other State(s) _____ License/Certificate Number _____

If not currently licensed, have you applied? Yes □ No □ Date Applied:_____

Type of license/certification applied for _____

Has your professional license (in any state) ever been suspended, revoked or limited in any way? Yes □ No □
If yes, give reason _____

Has you license ever been on probationary status? Yes □ No □
If yes, give reason _____

Employment History Please list all of your employers, beginning with the most recent employment.

From __/__/__ To __/__/__ Employer _____ Supervisor _____

Employer Address _____ Telephone Number (___) _____

Job Title _____ Wage/Salary _____

Reason for Leaving _____

From __/__/__ To __/__/__ Employer _____ Supervisor _____

Employer Address _____ Telephone Number (___) _____

Job Title _____ Wage/Salary _____

Reason for Leaving _____

From __/__/__ To __/__/__ Employer _____ Supervisor _____

Employer Address _____ Telephone Number (___) _____

Job Title _____ Wage/Salary _____

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From __/__/__ To __/__/__ Employer _____ Supervisor _____

Employer Address _____ Telephone Number (___) _____

Job Title _____ Wage/Salary _____

Reason for Leaving _____

From __/__/__ To __/__/__ Employer _____ Supervisor _____

Employer Address _____ Telephone Number (___) _____

Job Title _____ Wage/Salary _____

Reason for Leaving _____

*Note: If you have additional experience, please attach an extra sheet of paper.

References (Please give the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Telephone	Relationship to You

Please list any additional information you would like us to consider (i.e. specialized skills, certifications, etc.):

_____

_____

_____

Authorizations and Certification

I understand that Norfolk Medical Group requires applicants to participate in a Pre-Employment Physical Assessment upon receiving a conditional offer of employment. Norfolk Medical Group pays all costs involved with the Pre-Employment Physical Assessment. I understand and acknowledge that any offer of employment may be conditioned upon my successful completion of this Pre-Employment Physical Assessment, to which I hereby consent.

Certification

I certify that all information given by me on this employment application is true and complete to the best of my knowledge. Unless I have specifically indicated herein to the contrary, I authorize Norfolk Medical Group to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize the references listed above to provide Norfolk Medical Group any and all information regarding my previous employment. Further, I release all parties and persons from any and all liability and from any damages that may result from furnishing this information to Norfolk Medical Group as well as from the use or disclosure of this information by Norfolk Medical Group or any of its agents, employees or representatives. I understand that any false information, omissions, or misrepresentations discovered during interviews or discovered on this employment application will disqualify me from further consideration, and if discovered after I am hired, will constitute grounds for immediate dismissal.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States. I understand that this employment application will expire sixty (60) days from the signature date below, at which time I will no longer be considered an applicant. If I am interested in any available positions following this 60-day period, I understand that it is my obligation to complete a new application.

Disclaimer

I understand that nothing in this employment application or in my communications with any Norfolk Medical Group employee is intended to create an employment contract between Norfolk Medical Group and me. I acknowledge that no oral representations have been made, and that no one within Norfolk Medical Group has the authority to make oral contracts of employment. I understand that Norfolk Medical Group has the right to modify its policies without giving me any notice of the change(s). I understand that if any employment relationship is established, it will be employment at-will and I have a right to terminate my employment at any time, for any reason. I also understand that Norfolk Medical Group retains the right to terminate my employment at any time, for any reason.

I certify that I have read, fully understand, and accept all the terms of the employment application.

Applicant Signature	Date