



EMPLOYMENT APPLICATION

Notice: Broadway Medical Clinic is an Equal Opportunity Employer. Please notify our receptionist if you need any accommodation or assistance with any part of our application process.

Specific Position Applied for: _____ Today's Date: _____

APPLICANTS: IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED ENTIRELY. PLEASE REMEMBER TO PRINT CLEARLY, AND TO READ AND SIGN ON THE LAST PAGE.

Full Name: _____

Home Phone: _____

Address _____

City / State / Zip _____

Daytime or Message Phone _____

Social Security Number _____

Why are you interested in this particular job? _____

What skills and training qualify you for this position? _____

What portions of your work experience qualify you for this job? _____

EMPLOYMENT HISTORY

This section must be completed entirely. Do not substitute a resume. List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking.

Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. Explain all breaks in continuous employment. If more space is needed, additional pages can be added.

PRESENT OR LAST POSITION

Employer	From: Month/Year
Address	To: Month/Year
Your Title	Supervisor's name and telephone
	Full-Time____ Part-Time____
Duties/responsibilities (be specific)	Average work hours per week:

Reason for leaving or for considering a change	
	May we contact this employer?
	Yes _____ No _____

Employer	From: Month/Year
Address	To: Month/Year
Your Title	Supervisor's name and telephone
	Full-Time____ Part-Time____
Duties/responsibilities (be specific)	Average work hours per week:

Reason for leaving or for considering a change	
	May we contact this employer?
	Yes _____ No _____

Employer _____

From: Month/Year _____

Address _____

To: Month/Year _____

Your Title _____ Supervisor's name and telephone _____

Full-Time____ Part-Time____

Duties/responsibilities (be specific)

Average work hours per week:

Reason for leaving or for considering a change

May we contact this employer?

Yes _____ No _____

List ALL other positions you have had in the past ten years, beyond the three most recent ones. Attach additional sheets if necessary.

Employer _____ Address _____

Your Title _____ Full-time or Part-time _____

Dates of Employment _____ Reason for leaving _____

List ALL other positions you have had in the past ten years, beyond the three most recent ones. Attach additional sheets if necessary.

Employer _____ Address _____

Your Title _____ Full-time or Part-time _____

Dates of Employment _____ Reason for leaving _____

List ALL other positions you have had in the past ten years, beyond the three most recent ones. Attach additional sheets if necessary.

Employer _____ Address _____

Your Title _____ Full-time or Part-time _____

Dates of Employment _____ Reason for leaving _____

EDUCATION

Circle highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4

<u>Name of School</u>	<u>Location</u>	<u>Diploma or Degree</u>	<u>Major</u>
High School _____	_____	_____	_____
College/University _____	_____	_____	_____
Graduate School _____	_____	_____	_____
Vocational/Training _____	_____	_____	_____

Professional Memberships, Trade Licenses and Affiliations: _____

Have you ever been employed by this company before? Provide dates employed and position. _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:

Broadway Medical Clinic is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, disability or veteran status.

Interviews are given on a competitive basis, using job-related factors, after a written application and/or resume have been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed. (_____ initial here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Broadway Medical Clinic. (_____ initial here)

I consent to drug testing and alcohol testing as may be requested by Broadway Medical Clinic representatives under Broadway Medical Clinic's substance abuse testing policy. (_____ initial here)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that a misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission, which becomes known to Broadway Medical Clinic, will result in immediate termination of my employment. (_____ initial here)

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Broadway Medical Clinic's representatives any and all information regarding me and my previous employment. I release Broadway Medical Clinic, and all previous employers and supervisors from liability for any damages that may result from furnishing information to Broadway Medical Clinic. I also authorize Broadway Medical Clinic to perform a background investigation either prior to or during my employment. (_____ initial here)

In consideration of my employment, I agree to conform to the instructions, rules and policies of Broadway Medical Clinic. My employment can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. (_____ initial here)

I agree that any disputes arising from my employment or termination of my employment will be resolved under the grievance procedure as discussed in the employee handbook. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing. (_____ initial here)

Signed _____ Date _____