



A member of Lakeview Health

STILLWATER MEDICAL GROUP

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment opportunities at Stillwater Medical Group. Please fill out the application completely so we may fully consider your application for employment.

Stillwater Medical Group does not discriminate in hiring or employment on the basis of race, color, creed, religion, ancestry, marital status, disability, Vietnam era military service, status with regard to public assistance, affect ional or sexual preference, national origin, age or sex.

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

I understand that Stillwater Medical Group is an at -will employer which means that I can voluntarily leave employment at any time for any reason and that Stillwater Medical Group can also terminate my employment at any time for any reason. My employment is considered at-will for the length of time that I am employed by SMG. I understand that no supervisor, director or executive of the company, other than the administrator has any authority to alter my at will status.

I understand that all offers for employment are on a contingency basis. If I am offered a conditional offer of employment, I will submit to a pre-placement evaluation as outlined by the company's policy.

If I am employed, I understand that omissions and/or false information provided on this application are sufficient cause for discharge. In consideration of my employment, I agree to conform to the rules, regulations, and policies of the Stillwater Medical Group. Failure to abide is sufficient cause for discharge. By signing below, I grant Stillwater Medical Group, permission to verify any information contained on this application and attached resume. Any offer of employment is dependent upon or subject to satisfactory verification of this information.

NAME: _____ DATE: _____

Written Signature

Name

First

Middle

Last

EMPLOYMENT HISTORY

Briefly summarize your qualifications for this position. Please indicate dates of employment, addresses and telephone numbers of employers and supervisors.

Please start with your most recent position

<i>Employer</i>	<i>Address</i>	<i>Area code / Phone #</i>
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<i>Date Started</i>	<i>Starting Wage</i>	<i>Starting Position</i>	<i>Present Position</i>	<i>Hours per week</i>	<i>May we contact this employer?</i>
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<i>Date Stopped</i>	<i>Present Wage</i>	<i>Reason for leaving</i>	<i>Name / Title / Phone # of Supervisor</i>
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Brief description of your responsibilities:

<i>Employer</i>	<i>Address</i>	<i>Area code / Phone #</i>
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<i>Date Started</i>	<i>Starting Wage</i>	<i>Starting Position</i>	<i>Present Position</i>	<i>Hours per week</i>	<i>May we contact this employer?</i>
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<i>Date Stopped</i>	<i>Ending Wage</i>	<i>Reason for leaving</i>	<i>Name / Title / Phone # of Supervisor</i>
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Brief description of your responsibilities:

<i>Employer</i>	<i>Address</i>	<i>Area code / Phone #</i>
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<i>Date Started</i>	<i>Starting Wage</i>	<i>Starting Position</i>	<i>Present Position</i>	<i>Hours per week</i>	<i>May we contact this employer?</i>
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<i>Date Stopped</i>	<i>Ending Wage</i>	<i>Reason for leaving</i>	<i>Name / Title / Phone # of Supervisor</i>
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Brief description of your responsibilities:

UNEMPLOYMENT RECORD

Account for all gaps in employment history from leaving school until present

<u>From</u>		<u>To</u>		State activity during unemployment
Month	Year	Month	Year	

REQUIRED LICENSES AND CERTIFICATES OF TRAINING

Please list any Licenses and additional certified training that you possess that would relate to the position you are applying for:

ADDITIONAL SKILLS AND ABILITIES

Please list any relevant skills and abilities that you possess that would relate to the position you are applying for:

EMPLOYMENT REFERENCES (i.e., Supervisor, Manager, Co-worker, etc.)

Name

Company/Position

Contact Telephone #

I have read and understand the job description for which I am applying. I am able to perform all of the essential functions outlined within the job description. I understand that I may request modifications to accommodate any disability that I may have as long as the accommodations do not interfere with the performance these essential functions.

I have read the forgoing instructions and questions and to the best of my knowledge my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would affect my application unfavorably. I understand that misrepresentation of any of the above may be cause for termination.

Signature: _____

Date: _____

***** FOR PERSONNEL USE ONLY *****	
APPLICATION RECEIVED BY: _____	FORWARDED TO: _____
MAIL RESPONSE: <input type="checkbox"/>	APPLICANT TRACKING: <input type="checkbox"/>
EMPLOYMENT VERIFIED: <input type="checkbox"/>	
REFERENCES VERIFIED: <input type="checkbox"/>	EDUCATION VERIFIED: <input type="checkbox"/>
