

Application for Employment

GCGA Physicians, Inc. does not discriminate on the basis of race, color, religion, gender, age, national origin, sexual orientation, marital status, disability, or on any other basis protected by federal, state or local law.

Name _____ Social Security No. _____

Present Address _____ City _____

State _____ Zip/Postal Code _____ Home Phone # _____ Cell # _____

Previous Address _____

Street _____ City _____ State _____ Zip/PC _____
 Position applied for _____ Date available for employment _____

Salary Desired _____ Are you applying for _____ full-time _____ part-time _____ temporary _____

Are you willing to work: _____ Email Address: _____

YES ___ NO ___

Additional hours _____

Holidays _____

Weekends _____

Flex schedule _____

How were you referred to this organization? _____ Do you have relatives working for this organization? ___ yes ___ no

If yes, name _____ Relationship _____ Department _____

Have you ever been employed by this organization? ___ yes ___ no If yes, position _____

Are you legally eligible for employment in the U.S.? ___ yes ___ no If hired, can you furnish proof of eligibility to work in the

U.S.? ___ yes ___ no Are you under the age of 18? ___ yes ___ no If yes, do you have a work permit? ___ yes ___ no

Military service? ___ yes ___ no If yes, from _____ to _____ Branch of service _____ Highest rank obtained _____

Do you use tobacco or nicotine products including e-cigarettes? ___ yes ___ no

Can you perform the essential duties of the position for which you are applying? ___ yes ___ no

Please list name, address, and phone number of three previous employers with most recent employer first.		
Periods of unemployment should be included.		
1. Job Title	Date of Employment	Salary
Employer name, address & telephone		
Duties		
Reason for leaving		
2. Job Title		
Date of Employment		Salary
Employer name, address & telephone		
Duties		
Reason for leaving		

3. Job Title	Date of Employment	Salary
Employer name, address & telephone		
Duties		
Reason for leaving		

May we run an employment check from the employers listed above? _____yes _____no

Has notice been given to present employer? _____yes _____no

Is there any additional information relative to change in name necessary to check your work history?
 _____yes _____no

If yes, please explain _____

PLEASE COMPLETE IF NOT ATTACHING A RESUME.

School: Name and Address	Course of Study:	Diploma/Degree
High School		
College		
College		
Technical, Business or Professional		

Professional Licenses/ Certifications			
Type	State	Exp.Date	Registration No.

Please list references to contact that are acquainted with your work history.

Name	Title/Occ	Company Address	Telephone No.
1.			
2.			
3.			

Make any comments you feel are pertinent to your application _____

I authorize and grant GCGA, at the time of my application for employment or during the course of my employment, the right to investigate all references regarding my education, employment, competence, character and qualifications and to secure additional information about me and/or my background from any source. I hereby release from liability GCGA and their representatives for seeking such information and all other persons, corporations, schools or organizations for furnishing such information. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. GCGA is an Equal Opportunity Employer. GCGA does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. I further understand that in the event I am employed, such employment is at will. As an at-will employee, I am free to resign at any time. GCGA reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of GCGA has the authority to make any assurances to the contrary. GCGA only obligation is to pay salary or wages due and owing at the time of termination.

Date _____ Signature _____