



EMPLOYMENT APPLICATION

EEO/DRUG FREE WORKPLACE EMPLOYER

Date of Application: _____

Position Applying For: _____ Location: _____

PERSONAL INFORMATION:

Name: _____
Last (Other Legal) Last First Middle

Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Best Time of Day to Call: _____ E-Mail Address: _____

REFERRAL SOURCE:

Name of Referral Source (e.g., friend, relative, Internet source, association, etc.): _____

EMPLOYMENT INFORMATION:

Date you can begin working: _____ Desired Salary Range From: _____ To: _____

How many hours a week do you prefer to work? _____ If required, can you work overtime? ___ Yes ___ No

Have you been convicted of a crime or plead guilty or no contest to any offense that has not been expunged by a court? ___ Yes ___ No

Note: Criminal history convictions will not necessarily disqualify you from employment, but failure to disclose complete information about crimes not expunged will disqualify you from employment.

If yes, please explain: _____

Any current criminal charges now pending against you? ___ Yes ___ No If so, please explain: _____

Have any disciplinary actions or investigations ever been initiated against you by and federal or state licensure board or regulatory body? If so, please explain: _____

Have you filed an application here before? ___ Yes ___ No If yes, when/position? _____

Have you previously worked at MSM? ___ Yes ___ No If yes, when/position? _____

Name of friends or relatives employed by us: _____

If you are under 18, can you furnish a legal work permit? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

EMPLOYMENT HISTORY:

May we contact your present employer? ☐ Yes ☐ No

If no, please explain:

List your last three employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

Name and Complete address of Employer: Phone: _____ Starting Salary: _____ Ending Salary: _____	Dates of Position: _____ to _____. Title: _____ Reason for Leaving:	Duties: Supervisor: _____ Phone: _____ Alt. Phone: _____
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Name and Complete address of Employer: Phone: _____ Starting Salary: _____ Ending Salary: _____	Dates of Position: _____ to _____. Title: _____ Reason for Leaving:	Duties: Supervisor: _____ Phone: _____ Alt. Phone: _____
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Comments (including explanation for any gaps in employment):

EDUCATION AND TRAINING:				
School Attended	Location	Area of Study	Graduate Yes / No	Type of Degree/Diploma
High School	City, County, & State			Diploma/GED
College	City, State	Area of Study		Degree Major: Minor:
Graduate School	City, State	Area of Study		Degree: Major: Minor:
Trade, Business, or Other School	City, State	Area of Study		Degree/Diploma/Certif. Major: Minor:
Type of License/Certification	License/Cert. #	Effective Date	Expire Date	State of Issuance
Type of License/Certification	License/Cert. #	Effective Date	Expire Date	State of Issuance

SKILLS AND QUALIFICATIONS:

Summarize any special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company. Include experience with computer software or other equipment:

Memberships in applicable professional, trade, business, or civic associations:

DRIVING RECORD:

Dependent upon the position, an acceptable driving record may be required.

Driver's License Number:

State Issued:

Expiration Date:

Have you ever had your driver's license suspended or revoked? Yes ☐ No ☐

If yes, please explain:

Have you ever been discharged from employment or been asked to resign by an employer? Yes ☐ No ☐

If yes, please explain:

PROGRAM ELIGIBILITY:

I certify that I am not presently, nor have I previously been, excluded, debarred, suspended, sanctioned, or otherwise ineligible to participate in the Medicare or Medicaid Programs or Federal procurement and non-procurement programs. To the best of my knowledge, I am not currently under investigation by any Federal or State authority. I will inform Methodist Sports Medicine of any change in provider eligibility status. I understand that application consideration, employment or continued employment is contingent upon the certifications identified.

Signature: _____ Date: _____

AUTHORIZATION:

As a condition of employment consideration, please read and initial each paragraph below and sign application, prior to submission.

_____ I understand that any false statement or fact omission on this application and/or other documents related to my qualifications and background, such as resume, vitae, etc., may be grounds for not hiring, or for terminating me after I begin employment. My signature below indicates that all statements made on this employment application are correct, complete, current, and made in good faith. I will attach information as necessary to meet disclosure requirements.

_____ I understand that employment with Methodist Sports Medicine (MSM) is governed by the principle of At-Will employment, meaning that at the option of MSM or me, employment and compensation can be terminated, with or without cause, and with or without notice, at any time. This At-Will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of MSM.

_____ I understand I may be offered employment in advance of certain background checks and investigations, and reference checking being completed. If such inquiries establish information, which makes me unqualified in MSM's opinion, I understand that my employment will be terminated.

_____ I consent to the release of information given to MSM from current and former employers, schools, law enforcement agencies, and other organizations and individuals, relevant to my consideration of employment. Such parties may rely upon this authorization as a waiver of any claim whatsoever I may have, and release all parties from all liability for any damages that may result from seeking or furnishing such information.

_____ If employed, I understand that I will be subject to and agree to abide by MSM's policies, procedures, and rules as described in the Employee Handbook, Code of Conduct, Human Resources Policies and Procedures and other such documents.

_____ I agree that MSM may, without my further consent, make lawful use of any video image or photographic picture it may make or cause to be taken of me.

_____ I understand that I may be required to submit to substance abuse testing prior to my employment by MSM and periodic testing thereafter at the discretion of MSM, in accordance with applicable MSM policies and practices. I agree to such testing and understand that refusal to submit to substance abuse testing or to authorize the release of the results of such testing to MSM will result in termination of my employment with MSM.

_____ I understand that the facilities and grounds at MSM are tobacco-free and I agree to comply with this requirement.

_____ I understand that my work hours, schedule, assignments, etc., may be changed to meet the business needs of MSM.

Signature: _____ **Date:** _____

Has resume been provided? Yes ☐ No ☐

PROFESSIONAL REFERENCES:

Name: Company:	Telephone	Years Known	Relationship
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Name: Company:	Telephone	Years Known	Relationship