

**Metropolitan Gastroenterology Assoc./MGA GI Diagnostic & Therapeutic Center**  
**APPLICATION FOR EMPLOYMENT**  
**(Pre-employment Questionnaire)**

We consider all applicants solely on the basis of qualifications for the position for which application is made without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status. Application is considered active for 90 days from date of receipt.

*PLEASE PRINT. All Questions must be completed. Do NOT answer "See Resume."*

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Are you employed now?  Yes  No

Referred by: \_\_\_\_\_ Are you over 18?  Yes  No

Have you applied to this company before?  Yes  No If so, when? \_\_\_\_\_

Are you related to anyone in our employ?  Yes  No If so, who? \_\_\_\_\_

Are you legally eligible for employment in the US?  Yes  No Typing skills (approx. WPM): \_\_\_\_\_

Are you available to work  Full time  Part time  Temporary/PRN? Can you travel if required? \_\_\_\_\_

Can you speak, read or write any foreign languages? If so, list: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

**EDUCATION**

Level	School Name Location (City, State)	Check Year Completed	Did You Graduate?	Subjects Studied/ Degree Received
Elementary				
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Nursing or Business School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other _____		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SKILLS/CERTIFICATIONS/LICENSURE**

List Subjects of Special Study or Job-related Skills:

List Professional Licenses/Certifications and Expiration Dates:

List professional, trade, business or civic activities and offices held (exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or disability or other protected status):

Is there any additional information that you feel will help us determine your qualifications for a position?

**EMPLOYMENT HISTORY**

(List below your last four employers, starting with the last one first. Fill in completely. "See resume" is not acceptable.)

Dates (Month/Year)	Name & Address of Employer	Final Salary	Position Held	Supervisor Name	Reason for Leaving
from / to /					<input type="checkbox"/> currently employed
from / to /					
from / to /					
from / to /					

List any employers we should not contact prior to making you an offer:

**MILITARY SERVICE RECORD**

Have you served in the Armed Forces?  Yes  No If so, what branch? \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge? \_\_\_\_\_

Duties/Special Training: \_\_\_\_\_

**REFERENCES**

(List below three persons not related to you whom you have known at least one year.)

Name	Address	Phone	Nature of Relationship	Years Known

**GENERAL INFORMATION**

1. Have you ever been convicted of a felony other than minor traffic violations? (A yes answer does not automatically disqualify you from employment and will only be considered in relation to the specific job requirements.)  Yes  No  
**Direct care staff members shall not have a prior conviction or have plead no contest (solo contendere) within the last 10 years for child or adult abuse, neglect, exploitation or mistreatment, or for sexual assault or assault with a deadly weapon.**

If yes, explain: \_\_\_\_\_

2. Has your professional license in this state or any other state been suspended, limited, revoked or subject to disciplinary action OR are there any restrictions or limits on your licenses and/or certifications?  Yes  No

If yes, explain: \_\_\_\_\_

3. Have you ever been discharged or asked to resign from a job because of alleged negligence, neglect or violation of employment policy or procedures?  Yes  No

If yes, explain: \_\_\_\_\_

4. Are you under any obligation to a current or former employer which may restrict your ability to accept employment with us?  Yes  No

If yes, explain: \_\_\_\_\_

**AUTHORIZATION**

I hereby certify that all questions on this application have been answered completely and correctly. Should the employer at any time discover that any of the statements made by me on this application, or on the resume I submitted are false or incomplete as to any material information requested, such falsification will be grounds for immediate discharge. I agree that I will be bound by and will obey all rules and regulations of the company which may be issued from time to time, including all safety rules. I give the employer the right to investigate all references and to secure additional information about me if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer 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.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I further acknowledge that no representative of the company has any authority to alter or vary any of the terms of any of the company's policies or to bind the company to any fixed term of employment except as specifically authorized by the President of the Company or his designee, and that any such agreement, to be enforceable, must be in writing and signed by the President or his designee.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use (Do not write below this line)**

Position: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

Salary: \_\_\_\_\_