



**APPLICATION FOR EMPLOYMENT**

NAME: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

MAY WE CONTACT YOU DURING THE DAY? ( ) YES ( ) NO COMMENTS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

PREFERRED HOURS: ( ) ANY or PLEASE SPECIFY: \_\_\_\_\_

COMPENSATION DESIRED: \_\_\_\_\_ DATE AVAILABLE TO START: \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE? ( ) YES ( ) NO

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? ( ) YES ( ) NO IF YES, PLEASE PROVIDE APPROXIMATE DATES OF PREVIOUS EMPLOYMENT: \_\_\_\_\_

CAN YOU PROVIDE DOCUMENTATION TO VERIFY YOUR IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES? ( ) YES ( ) NO

**EDUCATIONAL BACKGROUND**

School	Name and Location	Did you graduate?	Degree/Diploma
HIGH SCHOOL	_____	Y N	_____
COLLEGE	_____	Y N	_____
GRADUATE SCHOOL	_____	Y N	_____
VOCATIONAL	_____	Y N	_____
TRAINING/OTHER	_____	Y N	_____

**U.S. MILITARY SERVICE**

BRANCH: \_\_\_\_\_ HIGHEST RANK ACHIEVED: \_\_\_\_\_

DUTIES: \_\_\_\_\_

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**

You are not required to list activities that may reveal your race, age, religion, sex, national origin, marital status, sexual orientation, disability or any other protected status.

**EMPLOYMENT EXPERIENCE**

List most recent experience first. Please place an (X) in the boxes if you DO NOT want us to contact this employer. Please indicate the name you used during each employment if different from your present name.

1. EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
COMPENSATION: \$ \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
COMPENSATION: \$ \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
COMPENSATION: \$ \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
COMPENSATION: \$ \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

**ADDITIONAL INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NO CONTEST TO A VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION? ( ) YES ( ) NO If YES, please explain: (Answering “yes” will not necessarily disqualify you from employment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DOES THIS PERSON KNOW YOU?

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DOES THIS PERSON KNOW YOU?

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DOES THIS PERSON KNOW YOU?

HOW DID YOU FIND OUT ABOUT THIS POSITION? ( )StarTribune ( )Friend/Relative  
( )Internet ( )St. Paul Pioneer Press  
( )Other Publication \_\_\_\_\_  
( )Partners Staff Member \_\_\_\_\_  
( ) Search/Placement firm or employment agency  
Name of firm \_\_\_\_\_  
( ) Other \_\_\_\_\_

**IMPORTANT – READ BEFORE SIGNING**

Partners Obstetrics & Gynecology, P.A. is an equal opportunity employer and complies with all laws protecting discrimination of employees on the basis of sex, race, color, religion, creed, national origin, age, sexual orientation, marital status, disability, status with regard to public assistance and any other protected class status.

I certify that all of the information I provided Partners Obstetrics & Gynecology, P.A. in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in this application or during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

I authorize Partners Obstetrics & Gynecology, P.A. to investigate the information contained in this application and release it and its employees and agents from any and all liability for seeking information and opinions on me. I authorize all former employers, educational institutions, entities, and persons to release information concerning me and hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information. I also authorize Partners Obstetrics & Gynecology, P.A. to give references and provide information about me in response to inquires if hired.

I understand and agree that nothing continued in this employment application or in the granting of an interview, and no policies procedures, or handbooks of Partners Obstetrics & Gynecology, P.A. that I might receive if I am hired, are intended to create an employment contract between Partners Obstetrics & Gynecology, P.A. and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Partners Obstetrics & Gynecology, P.A. unless made by the Management of Partners Obstetrics & Gynecology, P.A. in a formal written agreement signed by both of us. If any employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that Partners Obstetrics & Gynecology, P.A. has the same right.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for your interest in Partners Obstetrics & Gynecology, P.A.