



Employment Application Form

FINAL APPLICANTS WILL BE SUBJECT TO PRE-EMPLOYMENT DRUG & ALCOHOL TESTING. A DRUG FREE WORKPLACE.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone () _____ Please list age if under 18: _____

Position for which you are applying: _____ Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Desired salary: _____

How many hours can you work weekly? _____ Can you work weekends / nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Please state the date you are available for employment? _____

<u>EDUCATION</u>	<u>NAME OF SCHOOL</u>	<u>LOCATION</u>	<u>YEARS COMPLETED</u>	<u>MAJOR & DEGREE (Yr Graduated - College only)</u>
High School				
College				
Professional School				

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone () _____	Telephone () _____

Please list any Ferguson Medical Group employees that you know:

Were you referred by a FMG employee? _____ Employee's Name: _____

Please print all information requested except signature
FMG Employment Application Form (continued)

Have you ever been employed by Ferguson Medical Group? Yes _____ No _____ Approximate Date: _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay Rate
		From To	Start \$ End \$
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay Rate
		From To	Start \$ Final \$
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay Rate
		From To	Start \$ Final \$
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Please print all information requested except signature
FMG Employment Application Form (continued)

Have you ever been arrested, charged with or convicted of any misdemeanor or felony? If "yes," please detail the arrest, charges and/or conviction including the date, location, court and disposition on the back of this application.

Yes _____ No _____

Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? You will need to provide documentation if hired.

Yes _____ No _____

Please Read Carefully

Application Form Waiver

In exchange for the consideration of my job application by the Ferguson Medical Group (hereinafter called "the Company"), I agree that:

Neither the completion or acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Ferguson Medical Group, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Administrator of the Company. Both the undersigned and the Ferguson Medical Group may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the falsification, misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing, post accident testing, as well as reasonable suspicion testing and random testing after employment, (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. FMG is a drug free workplace.

I further understand that my employment with the Company shall be probationary for the duration of six (6) months and further that at any time during the probationary period or thereafter, my employment relation with the Company may be terminable at-will for any reason by either party.

Signature of applicant _____

Date: _____

Ferguson Medical Group is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, veteran status or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. A Drug Free Workplace.

Thank you for completing this application and for your interest in employment at FMG.