



mana

medical associates

An Equal Opportunity Employer

The Breast Center | Fayetteville Diagnostic Clinic | FirstCare Family Doctors
Health Services | MediServe Walk-In Clinic | Northwest Arkansas Pediatric Clinic
Renaissance Women's Healthcare Partners

Employment Application

Please fill in all spaces. If an item does not apply, write "N/A." This application will not be valid and processed unless completed in full. Please identify the position or positions for which you are applying in the space provided. Please use only one application even if you are applying for multiple positions. Please print or type clearly in ink and provide only the information requested. You must complete your own application. Failure to follow the instructions above will result in disqualification of your Application.

PERSONAL INFORMATION

Last Name First Name MI
Address City State Zip
Home Phone Business Phone Cell Are you at least 18?
Position Applied For Date available for Employment
Salary Desired Are you willing to work: Full-time Part-time Weekends Holidays Overtime
How were you referred to this organization?
Indicate applicable work skills: Typing WPM Transcription Medical Terminology
Software:
Do you have relatives working for this organization?
Have you ever applied or been employed by this organization?
Are you willing to work overtime? Do you have a legal right to work in the United States?
Can you perform the essential functions of the job, with or without accommodations?
Have you ever been convicted in a military or civilian court of a misdemeanor or felony?
If yes, please explain

EDUCATION AND MILITARY

Military Service? Yes No If yes, dates served
Branch of Service Highest rank obtained
Institution Name and Location Degree Year
High School
Undergraduate
Graduate
Other
Other
Please list any professional licenses or certifications you have earned:
Type State Exp. Date Registration No.
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EMPLOYMENT

Please list all work history, beginning with your present employer or the most recent. Include period(s) of military service. Use additional pages if necessary. If any information is not recalled, so note.
Are you presently employed? Yes No If yes, why do you wish to change jobs?
Company Name Position(s) Held From mm/yy to mm/yy Ending Salary Reason for Leaving Job
1 Telephone:

EMPLOYMENT HISTORY

Please list all work history, beginning with your present employer or the most recent. Include period(s) of military service. Use additional pages if necessary. If any information is not recalled, so note.

	Company Name	Position(s) Held	From mm/yy to mm/yy	Ending Salary	Reason for Leaving Job
2					
	Telephone:				
3					
	Telephone:				
2					
	Telephone:				
2					
	Telephone:				
2					
	Telephone:				

REFERENCES

Please provide references (not employers or relatives) who are acquainted with your work history.

	Name	Occupation	Contact Number(s)
1.			
2.			
3.			
4.			

Please make any comments you feel are pertinent to your application.

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname? _____

AUTHORIZATIONS

I authorize you to obtain information from any source as to my education, experience, competence, character or medical history as is related to the position for which I applied. I certify the information contained in this application is true and correct to the best of my knowledge. I understand that any falsification or omission of information may cause an immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. I understand that I may be required to complete a medical exam for initial and continued employment. I understand that if I am employed, employment is at will. Neither I, nor the employer, have agreed to any specific time of employment, pay or benefits unless otherwise set forth in a separate contract.

Further, in making this application for employment, it is understood and accepted that as a part of this application and employment process, and/or during employment, I may be asked to submit to random physical examinations which may include testing for alcohol and drugs, all in accordance with the law. By signing this application, I hereby agree to submit to such examinations and tests and release all persons, and companies, including Medical Associates of Northwest Arkansas, from any liability arising out of such examinations and tests. I further agree to the release of the results of any examinations to Medical Associates of Northwest Arkansas.

Further, in making this application for employment, I specifically request, authorize, and consent to Medical Associates of Northwest Arkansas' thorough investigation of whether I have a record of criminal convictions and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. It is also known to me that Medical Associates of Northwest Arkansas' criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment. I request, authorize and consent to the foregoing parties to provide the requested information to Medical Associates of Northwest Arkansas and release them and Medical Associates of Northwest Arkansas from any liability arising there from. I authorize all of my prior employees, credit bureaus, the officials of all schools which I have attended or been associated with, any person names on my application, and any other entity or person to give information regarding my employment, personal habits, ability, or any other entity or person to give information regarding my employment, personal habits, ability, criminal record, or any other relevant information they may have regarding me whether or not it is on their records. I release these individuals and entities from any and all liability for any damage whatsoever which might result from their furnishing this information.

If employed, I agree to follow all policies, practices, and procedures of MANA and acknowledged that these may be changed, interpreted, withdrawn, or amended by MANA at any time, at MANA's sole option, without any prior notice to me. I consent and agree that MANA has the right to search my personal property located on MANA's property, along with MANA's desk, closet, et cetera, for the purpose of investigating possible violations of MANA's rules / policies. This means that MANA also has the right to access my telephone conversations and e-mails or other types of electronic communications.

A copy of the form shall serve as an original.

_____ Date

_____ Signature of Applicant

I WARRANT AND REPRESENT THAT ALL FACTS GIVEN ON THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND I ACKNOWLEDGE AND AGREE THAT ANY MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS CAUSE FOR REJECTION OR TERMINATION