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EMPLOYMENT APPLICATION

DATE _____ (PLEASE PRINT)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Dept.

Position(s) applied for _____ Date Available for Work _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # _____ Other Phone # _____ E-Mail _____

Are you employed now?..... Yes No If yes, may we contact your present employer? Yes No
Can you work overtime if requested?..... Yes No Can you work before 8 am or after 5 pm? Yes No
Can you work Saturdays? Yes No

EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT POSITIONS FIRST)

Employer/Company Name _____ Can be contacted? Yes No

Address _____
Street City State

Telephone # _____ Type of Business _____

Department _____ Your Position _____

Duties: _____

Name and Position of Supervisor
From _____ To _____ Hourly Rate/Salary Start \$ _____ Final \$ _____
Reason for Leaving _____

Employer/Company Name _____ Can be contacted? Yes No

Address _____
Street City State

Telephone # _____ Type of Business _____

Department _____ Your Position _____

Duties: _____

Name and Position of Supervisor
From _____ To _____ Hourly Rate/Salary Start \$ _____ Final \$ _____
Reason for Leaving _____

Employer/Company Name _____ Can be contacted? Yes No

Address _____
Street City State

Telephone # _____ Type of Business _____

Department _____ Your Position _____

Duties: _____

Name and Position of Supervisor _____

From _____ To _____ Hourly Rate/Salary Start \$ _____ Final \$ _____

Reason for Leaving _____

PLEASE LIST CERTIFICATION/LICENSE TYPE AND NUMBER (If applicable)

SKILLS AND QUALIFICATIONS (Attach additional sheets if necessary)

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Graduated	Course of Study	Can Be Contacted?
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES (Don't include relatives)

Name	Telephone Number	Years Known	Can Be Contacted?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment, upon discovery.

I give Panhandle Eye Group, LLP the right to contact and obtain information from references, employers, and educational institutes that I have indicated may be contacted. I hereby release from liability the employer and its representatives for seeking, gathering and using information from these contacts and all other persons, corporations or organizations for furnishing such information.

Panhandle Eye Group, LLP does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from Panhandle Eye Group, LLP and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Panhandle Eye Group, LLP reserves the same right to terminate my employment at any time, with or without cause and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Panhandle Eye Group, LLP, other than the CEO or Board of Directors, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the CEO or President of the Board.

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

I understand that if a job offer is made I will be expected to pass a drug test and background check before I am employed. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____