

# MID-OHIO VALLEY MEDICAL GROUP, INC.

An equal opportunity employer.

## APPLICATION FOR EMPLOYMENT

Please type or print with ink.

TODAY'S DATE: \_\_\_\_\_ POSITION DESIRED: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip

SOCIAL SECURITY #: \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? Yes \_\_\_\_\_ No \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST TEN YEARS? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please explain on a separate sheet of paper.)

HAS YOUR PROFESSIONAL LICENSE BEEN SUSPENDED OR ARE THERE CURRENTLY ANY PENDING ACTIONS WHICH COULD RESULT IN SUSPENSION? Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes \_\_\_\_\_ No \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY MID-OHIO VALLEY MEDICAL GROUP? Yes \_\_\_\_\_ No \_\_\_\_\_

HAVE YOU EVER INTERVIEWED WITH MOVMG IN THE PAST? Yes \_\_\_\_\_ No \_\_\_\_\_

REFERRED TO MOVMG BY: \_\_\_\_\_

DATE YOU ARE AVAILABLE TO START WORK: \_\_\_\_\_ ARE YOU EMPLOYED NOW? Yes \_\_\_\_\_ No \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes \_\_\_\_\_ No \_\_\_\_\_

SALARY REQUIREMENT: \$ \_\_\_\_\_ ARE YOU INTERESTED IN: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ p.r.n. \_\_\_\_\_

IF REQUIRED BY THE JOB, ARE YOU WILLING TO WORK:

Weekends? Yes \_\_\_\_\_ No \_\_\_\_\_ Evenings? Yes \_\_\_\_\_ No \_\_\_\_\_ Days ONLY? Yes \_\_\_\_\_ No \_\_\_\_\_

I WOULD LIKE TO WORK FOR MOVMG BECAUSE: \_\_\_\_\_  
\_\_\_\_\_

## EDUCATION/TRAINING

High School: \_\_\_\_\_ Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Course or Degree: \_\_\_\_\_

College: \_\_\_\_\_ Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Course or Degree: \_\_\_\_\_

Other Training: \_\_\_\_\_

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

Course or Degree: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last 3 employers, starting with the most recent, including military experience or volunteer activities, if applicable. Please explain any gaps in employment.

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____ _____ _____	Name of last supervisor and title	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific) \_\_\_\_\_

May we contact for Reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Brief description of duties: \_\_\_\_\_  
 \_\_\_\_\_

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____ _____ _____	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			

Reason for leaving (be specific) \_\_\_\_\_

May we contact for Reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Brief description of duties: \_\_\_\_\_  
 \_\_\_\_\_

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____ _____ _____	Name of last supervisor and title	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific) \_\_\_\_\_

May we contact for Reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Brief description of duties: \_\_\_\_\_  
 \_\_\_\_\_

I certify that all statement I have made in this application are true, and agree that any misrepresentation or omission of facts called for may result in cancellation of my application or immediate dismissal.

I understand that employment at Mid-Ohio Valley Medical Group, Inc. is voluntarily entered into, and the employee is free to resign at will, at any time, with or without cause. Similarly, Mid-Ohio Valley Medical Group, Inc. may terminate the employment relationship at any time, with or without cause, as long as there is no violation of applicable federal or state law.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**