



# Employment Application

Please print or type and complete fully (even if you are submitting a resume). Applications not fully completed may not be considered. We are an equal opportunity employer. It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all our personnel policies in a manner that will not discriminate against legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

Personal Data					
Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
	<i>Street Address</i>				<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
<i>List any other names used (alias, maiden, nickname, etc)</i>					
Telephone:			Home Email		
Other Telephone:					
Date Available:		Social Security No.:		Desired Salary:	\$
Position Applied for:					
Type of employment for which you are applying	Full-time		Part-time		
Nature of position you seek	Regular		Temporary		
What is your career objective?					
Location preferences					
Name of relative(s) employed by Hematology Oncology	Relationship		Occupation		Location
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?		YES NO

Remarks			
How did you hear about this position? If employee referral, please provide the name of the person who referred you.	Do you know any of our employees?  Yes      No	If yes, please provide their names.	Relationship
Have you ever been employed by this company or any medical practice affiliated with Hematology Oncology?  Yes      No	<b>Date:</b>	<b>Position:</b>	<b>Location:</b>

HIGHEST LEVEL OF Education								
School Name of Highest Level of Completed (Degree/Diploma) Education	City and State	Field of Study	Name under which you graduated					
		HS Diploma    GED Associate      Bachelor Masters        Doctorate	<b>Graduation/Certificate Received Date:</b>  <b>Month:</b>  <b>Year:</b>					
Foreign Languages	Language #1			Language #2				
	Read	Fluently	Moderately Well	With Difficulty	Read	Fluently	Moderately Well	With Difficulty
	Write	Fluently	Moderately Well	With Difficulty	Write	Fluently	Moderately Well	With Difficulty
	Speak	Fluently	Moderately Well	With Difficulty	Speak	Fluently	Moderately Well	With Difficulty

Professional License/Certification		
Type:	Professional License/Certification Number:	State of issuance:
Type:	Professional License/Certification Number:	State of issuance:

### Business References

*Please list three professional references.*

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

### Additional Skills

APPLICANT SHOULD NOTE ANY INFORMATION PERTINENT TO HIS OR HER QUALIFICATIONS NOT COVERED BY THIS APPLICATION. USE BACK PAGE AS NEEDED.  
Special Abilities, Computer Skills, Machines Operated, Professional Activities & Achievements, Patents, Significant Projects, etc.

### Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES	NO
Name used if different from current name:			

Company:		Phone:	
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES	NO
Name used if different from current name:			

Company:		Phone:	
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES	NO
Name used if different from current name:			

### Military Service

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

### Driving Record (To Be Completed If It Is A Job Requirement)

Type of driver's license held	License Number	Expiration Date	State of Issue
Have you ever had a driver's license revoked? Yes      No		If Yes, please explain	

Applicant Statements

1. In this or any other state, have you ever been, or are you currently subject to investigation or proceedings which may lead to being sanctioned for, disciplined for, debarred from, and/or excluded from (1) employment within a health care services organizations and/or (2) any activity connected with any governmentally-funded healthcare services (e.g. Medicare, Medicaid, Champus, etc.) organization by a duly authorized regulatory agency for conduct-based or performance-based actions or any other reasons?

Yes No If "yes," please explain:

2. Are there now or have there ever been restrictions, limits, sanctions, revocation and/or any other disciplinary measures imposed upon your current or previous professional, vocational, and/or technical licensure(s) and/or registration(s) in this or any other state?

Yes No If "yes," please explain:

**Applicant Certification and Attestation of Understanding**

"I certify that the facts contained in this employment application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

"I UNDERSTAND AND AGREE THAT, IF EMPLOYED, MY EMPLOYMENT IS AT WILL. THAT IS, IT IS FOR NO DEFINITE PERIOD AND MY BE TERMINATED AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE AND WITHOUT ANY PRIOR NOTICE."

"If employed, I agree to notify the Hematology Oncology Associates' PC in writing within five (5) days of receiving any written or oral notice of any adverse action, including, without limitation, any filed and served malpractice suit or arbitration action; any adverse action by a State Licensing Board taken or pending; any adverse action which has resulted in the filing of a report with the State Licensing Board or a report to the National Practitioner Data Bank; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage. I acknowledge that failure to comply with the above measures, in the event I become employed, can result in disciplinary action or in the termination of my employment."

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

\_\_\_\_\_  
Date

HEMATOLOGY ONCOLOGY ASSOCIATES, PC IS AN EQUAL OPPORTUNITY EMPLOYER

Employment decisions are made without regard to race, religion, color, national origin, sex, age, Ancestry, Visible or non-visible handicap/disability, Veteran's status or other characteristics protected under federal, state, or local Law

This is not an employment contract and does not alter any employee's at-will employment status, which means either the employee or the employer may terminate the employment relationship at any time, for any reason, with or without cause and with or without notice.

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HEMATOLOGY ONCOLOGY ASSOCIATES, PC\* EMPLOYMENT APPLICATION

\*In this Application and in various other documents, forms, guidelines, etc., "The company" refers to the employer of the applicable employee. The use of these general terms is for the ease and convenience of the reader and should be read to refer to, as applicable, Hematology Oncology Associates PC. All employment decisions are solely the responsibility of the company or entity that employs the applicable employee.