



**Internal Medical
ASSOCIATES**
OF GRAND ISLAND, PC

Employment Application

Programs, services, and employment are equally available to everyone.
Please inform the Human Resources Department if you require
reasonable accommodation for the application or interview.

Applicant Data

Position Applied For _____

How were you referred to us? _____ Date of Application (M/D/Y) / /

Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone () _____ Mobile/Pager/Other () _____

Date Available to Start _____ Social Security # - - Salary Requirement _____

Are you under 18? Yes No

Have you ever worked for IMA? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary

*Have you ever been arrested or plead "guilty" or "no contest," or been convicted of a crime? Yes No

If yes, give general details. (example: traffic violation) _____

*Note: Answering "yes" does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's License Number _____ State _____ Expires _____

Summarize your special skills or qualifications

Personal References

Please provide the names and addresses of two people to whom you are NOT related and by whom you have NOT been employed.

Name _____

Address _____

Name _____

Address _____

Professional References

Please provide the names and addresses of two people with whom you have worked professionally, such as a supervisor or coworker.

Name _____

Address _____

Name _____

Address _____

I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

Signature of Applicant _____ Date _____

Employment Application Disclaimer and Acknowledgement

I certify that the information contained in this application is corrected to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for termination, should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of IMA, which rules may be changed, withdrawn, added or interpreted at any time, at IMA's sole options and without prior notice to me.

Signature _____ Date _____