



**EASTERN PENNSYLVANIA GASTROENTEROLOGY & LIVER SPECIALISTS, PC**

***APPLICATION FOR EMPLOYMENT***

Eastern Pennsylvania Gastroenterology and Liver Specialists, PC (EPGI) is an equal opportunity employer. It is our policy that all applicants be considered solely based on qualifications and ability without regard to race, religion, color, sex, age, national origin, disability, veteran status or any other legally protected status

**PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE**

<b>P E R S O N A L</b>	Last Name                      First                      Middle			Date
	Street Address			Home Phone (     ) ---
	City, State ,Zip			Business Phone (     )--
	Have you ever applied for a employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes    Month and Year                      Location			Social Security Number
	Position(s) Applied for:			Date of Birth
	Are you available to work:    ___ Full time    ___ Part-time    ___ Temporary When are you available to work? _____			
	Are you currently employed? ___ yes                      ___ no			May we contact your current employer?    ___ yes    ___ no
	Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Other special training or skills ( languages, certifications, etc.) .			
	How did you learn of this organization? ___ Advertisement                      ___ Friend                      ___ Walk-In                      ___ Relative ___ Employment Agency                      ___ Other			
	All applicants will be subject to a criminal background check.			

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**  
 (Exclude any which may disclose race, color, religion, or national origin )

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree of Diploma
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer

<b>1</b>	Company Name	Telephone
	Address	Employed ( State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job and Describe Your Work _____	Reason for Leaving _____

<b>2</b>	Company Name	Telephone
	Address	Employed ( State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job and Describe Your Work _____	Reason for Leaving _____

<b>3</b>	Company Name	Telephone
	Address	Employed ( State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job and Describe Your Work _____	Reason for Leaving _____

4	Company Name	Telephone (      ) -
	Address	Employed ( State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job and Describe Your Work  _____	Reason for Leaving  _____

5	Company Name	Telephone (      ) -
	Address	Employed ( State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job and Describe Your Work  _____	Reason for Leaving  _____

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<b>MILITARY EXPERIENCE</b>
Are you currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
If you were in the military, were you honorably discharged? _____

**PLEASE LIST REFERENCES (must be professional references)**

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge and I have not made any attempt to conceal information.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including criminal background check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and EPGI may discharge employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand also that I am required to abide by all rules and regulations of EPGI.

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

\_\_\_\_\_  
Date