

Concierge Medicine of Columbus, Inc.

Employment Application

Concierge Medicine of Columbus, Inc. does not discriminate on the basis of race, color, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. Answer each question fully and accurately. This application will not be considered until all information is completed. Please print, except for signature on back of application. In reading and answering the following questions, please be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____

Are you seeking: Full Time ___ Part Time ___ Temporary ___ PRN ___ employment?

When could you start work? _____

Name _____ Phone Number _____

Address _____

Are you 18 years of age or older? Yes ___ No ___ (If you are hired, you may be required to submit proof of age.)

Social Security Number _____ If hired, can you furnish proof you are eligible to work in the U.S. ? Yes ___ No ___

Have you ever applied here before? Yes/When _____ No ___

Were you ever employed here? Yes/When _____ No ___

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest". Exclude minor traffic violations.) Yes ___ No ___ If "Yes", please provide details. _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, state, and the job for which you are applying are also considered.)

Are you now or do you expect to be engaged in any other employment? Yes ___ No ___

Education

Please list name and addresses of schools and if a certificate, diploma or degree was obtained.

High School or GED _____

College or University _____

Subjects Studied _____

Vocational or Technical _____

Subjects Studied _____

Skills

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by the Family Medical and Leave Act.)

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, nation origin, sex, age, disability or other protected status.)

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self employed, give full name and business references.

Name of Employer _____
Address _____
Phone _____ Supervisor _____
Employment Period (Begin/End) _____ / _____ Pay(Begin/End) _____ / _____
Title/Duties _____

Reason for
Leaving _____

Name of Employer _____
Address _____
Phone _____ Supervisor _____
Employment Period (Begin/End) _____ / _____ Pay(Begin/End) _____ / _____
Title/Duties _____

Reason for
Leaving _____

Name of Employer _____
Address _____
Phone _____ Supervisor _____
Employment Period (Begin/End) _____ / _____ Pay(Begin/End) _____ / _____

Title/Duties _____

Reason _____ for
Leaving _____

Name of Employer _____

Address _____

Phone _____ Supervisor _____

Employment Period (Begin/End) _____ / _____ Pay(Begin/End) _____ / _____

Title/Duties _____

Reason _____ for
Leaving _____

References

Have you worked or attended school under any other names? Yes ___ No ___, If "Yes", give names. _____

Are you presently employed? Yes ___ No ___, If "Yes", whom do you suggest we contact? Name/Phone _____

Have you ever been fired from a job or asked to resign? Yes ___ No ___

Give three references, not relatives or former employers. Provide name, address, phone.

Affidavit

In connection with my application for employment with Concierge Medicine of Columbus, Inc. I fully understand Concierge Medicine of Columbus, Inc. that may perform a consumer report/background investigation on me. The consumer report/background investigation may contain the following types of information: verification of prior employment(s) and dates of employment, academic achievement, professional licensure, and credit reports. I further understand the report may contain information about my prior criminal history, civil litigation, social security number verification, driving records, any liens or judgments, and bankruptcy as a result of public record(s) search from any federal, state or any other agency which might contain such records. I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making statements. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. All background information obtained shall be utilized to assist in verification of employment application. Retrieval and usage of this information complies will all Equal Opportunity Commission, Americans with Disabilities Act, and the Fair Credit Reporting Act (laws, rules, and regulations). Concierge Medicine of Columbus, Inc. is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national or religious origin, age, disabilities or any other characteristic protected by law. I understand that the request for Date of Birth is for permissible purpose and not for purposes prescribed by the laws prohibiting age discrimination. I hereby declare that the answers to the questions on my application and related paperwork which I have been asked to complete, and any attachments to the same, are true and correct and that any misstatements of fact(s) or omissions may be the basis for rejection of my application or for my dismissal after employment. I authorize Concierge Medicine of Columbus, Inc. to retrieve the results of the consumer report/background investigation and if hired, this authorization will remain on file and shall serve as ongoing authorization for Concierge Medicine of Columbus, Inc. to complete consumer reports/background investigations at any time during my employment with Concierge Medicine of Columbus, Inc. I further release Concierge Medicine of Columbus, Inc. its officers, employees and agents from any and all liability from the results and preparation of any reports concerning my background or myself. I understand and acknowledge that except and provided in the Fair Credit Reporting Act, I may not bring any action or proceeding against Concierge Medicine of Columbus, Inc. or any user or furnisher of information, for defamation, invasion of privacy, or negligence with respect to the reporting of information disclosed pursuant to the Fair Credit Reporting Act, except as to false information furnished with malice or willful intent to injure me. The facts set forth by me in the application are true and correct to the best of my knowledge and belief.

Signature _____ Date _____