



NORTH STAR MEDICAL GROUP, P.C.

Application for Employment

Application Date _____

North Star Medical Group, P.C. considers all applications for employment and complies with state and local laws prohibiting discrimination in employment. NSMG is an equal opportunity employer and considers all applicants without regard to race, color, religion, gender, sexual orientation, national origin, age, handicap or disability, or veteran status.

Name (Last, First, Middle I.) _____

Address (Street, City, State, Zip) _____

Phone - Home: _____ Cell: _____

E-Mail Address _____ SS# _____

Are you legally eligible to work in the US? _____

(All offers of employment are subject to verification of the applicant's identity, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.)

Desired position _____ Full-time ___ Part-time ___

Temporary ___ Desired salary _____ Date you can start _____

Are there any limitations that would prevent you from performing in a reasonable and safe manner the position for which you are applying?

Yes ___ No ___ If yes, please explain _____

Do you require accommodations to perform the duties of this job?

Yes ___ No ___ If yes, please describe _____

Have you ever been convicted of a crime? Yes ___ No ___

(A conviction record will not necessarily be a bar to employment. Any misleading or false statement given will automatically disqualify you.)

State name(s) of any relatives in our employ and your relationship to them:

Skills:

Language(s) in which you can communicate _____

Computer skills/ Programs _____

Other personal, professional and or experience-related qualifications _____

Education:

School_____

Area of study_____ Years completed_____

Degree received_____

School_____

Area of study_____ Years completed_____

Degree received_____

Work history:

Dates From/To_____ Rate of pay_____

Employer Name/Address_____

Reason for leaving_____

Dates From/To_____ Rate of pay_____

Employer Name/Address_____

Reason for leaving_____

Dates From/To_____ Rate of pay_____

Employer Name/Address_____

Reason for leaving_____

References:

Name/ Relationship_____

Dates Known_____ Contact Information_____

Name/ Relationship_____

Dates Known_____ Contact Information_____

Name/ Relationship_____

Dates Known_____ Contact Information_____

I agree that the information contained on this application is true and correct. I understand that omission, misrepresentation, or falsification of information is grounds for withdrawal of any employment offer, or for immediate dismissal.

Signature of Employee _____

Date_____