

# PARTNERS IN INTERNAL MEDICINE

## Application For Employment

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_ Please note that this application will remain active for 6 months, after which the applicant will need to re-apply.

Name: \_\_\_\_\_  
Last                      First                      M.I.

Present Address: \_\_\_\_\_  
Street                      City                      State                      Zip

Permanent Address: \_\_\_\_\_  
Street                      City                      State                      Zip

Telephone #: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Employment Desired: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time    Salary Desired: \_\_\_\_\_

Are there any hours or days of the week you cannot work? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Name, title and phone of current employer: \_\_\_\_\_

Have you ever applied to this Company before? \_\_\_\_\_ When? \_\_\_\_\_

Under what name? \_\_\_\_\_

**EDUCATION:**

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? \_\_\_\_\_ Date Entered: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Honorably? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_



Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform Partners in Internal Medicine prior to the test so that a reasonable accommodation can be made. Partners in Internal Medicine reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that Partners In Internal Medicine is an At-Will employer and if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the Clinical and/or Operations Director and the person to whom the writing is directed.

I agree that any action or suit against Partners In Internal Medicine arising out of my employment or termination of my employment-including, but not limited to, claims arising under State or Federal civil right statues-must be brought within 180 days of the event giving rise to the claim(s), or the claim is forever barred. I waive any shorter limitations periods to the contrary.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excluded,\* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to Partners in Internal Medicine.

\_\_\_\_\_  
Signature Date

\* Employers specifically excluded: \_\_\_\_\_

For Employer Use Only			
Interviewed By: _____	Date: _____	Hired: _____	Yes _____ No
Starting Date: _____	Position: _____	Wage: _____	