



Thank you for seeking a position with our company. It is important that you fully and accurately complete this form yourself. Falsification of information may result in termination.

PHYSICIANS DATA TRUST IS AN
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard for race, religion, color, age, gender, national origin, marital status, sexual orientation, disability, gender identify or any other categories protected by law. Information provided on this application will not be used for any discriminatory purpose.

PERSONAL INFORMATION:

Please print your answers and complete each question in full.

Name: _____
(Last, First, Middle) Social Security Number

Please list any other names under which you have previously been employed or obtained your education?

Street Address: _____

City, State, Zip: _____

Primary Phone: _____ Email: _____

Do you have reliable transportation to and from our business? Yes No
 If you are under age 18, can you provide proof of your eligibility to work? Yes No
 If hired, can you provide proof of your legal right to work in the U.S.? Yes No
 Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged?" Yes No

The company will **not** deny employment to any applicant based solely on the grounds of having been convicted of a crime. Each case takes into consideration the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position for which you are applying.

EMPLOYMENT DESIRED:

What position are you applying for?

Full-time Part-Time Seasonal Temporary

How did you hear about the job? _____ What is your desired salary? _____

EDUCATION: List your highest level of education or certification

	Name, City & State of School	Course of Study	Total Years	Type of degree, diploma, certification
High School				
College/University				
Graduate/Professional				
Certifications/Credentials				
Certifications/Credentials				

Do you have any other experience, training, qualifications, or skills which make you suited for this position?

Computer Skills: _____

List any languages other than English in which you are proficient: _____

EMPLOYMENT HISTORY:

Are you currently employed? Yes No
If yes, may we contact your present employer? Yes No
Have you signed a Confidentiality/Non-Disclosure Agreement with any other company? Yes No

Please list your present and prior employers for the past 10 years. Any periods of unemployment must also be shown. You must complete this section even if you are attaching a resume or have already provided one.

Record of Employment: List positions starting with most recent.

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____
=====

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____
=====

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____
=====

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

U.S. MILITARY RECORD

Branch of Service	From	To
Present Military affiliation:		
<input type="checkbox"/> None	<input type="checkbox"/> Reserve (active)	<input type="checkbox"/> Reserve (inactive)
Kinds of Training and duty while in service		

You are not required to answer the following question and you will not be discriminated against for answering the question.

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Contact Information
1. _____		
2. _____		
3. _____		

Please read each statement closely and initial each one, acknowledging your understanding and agreement.

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am hired, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary, is hereby superseded. No promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Company Obligation

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the Company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application or my resume.

Background Screening

I hereby authorize Physicians Datatrust, Inc. to investigate all information pertinent to my application in order to determine my qualification for employment. I hereby authorize all persons and organizations having information relevant to my application to provide the information to Physicians Datatrust and I hereby hold harmless Physicians Datatrust and all those providing information to it from any liability arising out of or as a result of the request for, the provision of or use of such reference, background checks are inadequate or unacceptable to Physicians Datatrust if I violated any of the provision of this document.

I DECLARE THAT ALL OF MY ANSWERS ARE TRUE, ACCURATE, AND COMPLETE, UNDER PENALTY OF PERJURY, AND THAT ANY MIS-REPRESENTATIONS MAY DISQUALIFY ME FROM EMPLOYMENT CONSIDERATION AND/OR MAY BE GROUNDS FOR TERMINATION.

Applicant Name: _____ Date: _____
Please print

Applicant Signature: _____ Date: _____