



Employment Application
North County Neurology Associates (NCNA)
An Equal Opportunity Employer

Please Print

____/____/____ Date _____ Last Name _____ First Name _____ Middle

Address

____ No. & Street _____ City _____ State _____ Zip

(____) _____ Home Phone (____) _____ Cell Phone

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?..... Yes No

Regular part-time work?..... Yes No

Temporary work, e.g., summer or holiday work?..... Yes No

What days and hours are you available for work? Days: _____ Hours: _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? ____/____/____

Salary desired: _____ per _____

Personal Information

Have you ever applied to or worked for North County Neurology Associates before?..... Yes No

If yes, when? _____

Do you have any friends or relatives working for North County Neurology Associates? Yes No

If yes, state name(s) and relationship:

____ Name _____ Relationship

____ Name _____ Relationship

Did any current employee of North County Neurology Associates refer you to us for employment? If so, who?

If hired, would you have a reliable means of transportation to and from work? Yes No

Do you have a valid driver's license and valid registration on your vehicle? Yes No

If hired, proof will need to be provided

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

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

If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education, Training and Experience (if additional space is needed, please add information under COMMENTS section at end of this form).

School	Name and Address	No. of years Completed	Did you Graduate?	Diploma/Degree & Major Course of Study
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Some of our patients do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at North County Neurology Associates ? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

Are you currently employed? _____

If so, may we contact your current employer? _____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

(_____) _____
Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: ____/____/____
From

____/____/____
To

Your Position and Duties:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Name of Employer

(_____) _____
Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: ____/____/____
From

____/____/____
To

Your Position and Duties:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Name of Employer

(_____) _____
Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: ____/____/____
From

____/____/____
To

Your Position and Duties:

Reason for Leaving:

May we contact this employer for a reference? Yes No

References

List below three professional references not related to you who have knowledge of your work performance within the last three years. Personal references will not be accepted.

_____	_____	(____) _____
First Name	Last Name	Telephone No
_____	_____	_____
Address & Street	City	State Zip
_____	_____	_____
Occupation	Relationship	No. of Years Acquainted

_____	_____	(____) _____
First Name	Last Name	Telephone No
_____	_____	_____
Address & Street	City	State Zip
_____	_____	_____
Occupation	Relationship	No. of Years Acquainted

_____	_____	(____) _____
First Name	Last Name	Telephone No
_____	_____	_____
Address & Street	City	State Zip
_____	_____	_____
Occupation	Relationship	No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials 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, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any 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.

_____ I hereby authorize NCNA to thoroughly investigate my references, work record, education and
Initials other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to NCNA any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release NCNA, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract between me and NCNA. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice or stated cause, at the option of either myself or NCNA, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and NCNA's designated representative.

Applicant's Signature

Date