

Columbia Medical Practice - **Employment Application**

PERSONAL and GENERAL INFORMATION (Please Complete the Entire Application in Print or Type)

Last Name	First Name	Middle Initial
Street	City	State
County	Home Phone	Business Phone
Position Applied For	When can you start?	Zip Code
Social Security #		
Salary Required		

How were you referred?

Office skills: Word Excel Access PowerPoint Other

Foreign Languages Acquired : Spanish French Chinese Japanese Hindu Other _____
 Degree of Proficiency: Fluent Some Knowledge
 Can you SIGN? Yes No

EDUCATIONAL & PROFESSIONAL BACKGROUND

Name of address of high school, college or other Schools	# of years Completed	Major Field	Degree

Licensure, Professional Registration or Certification:

CPR Certification : Type _____ Expiration date _____

MILITARY BACKGROUND

Title	Class	Branch
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Briefly describe your duties, skills or experience in the service.

EMPLOYMENT RECORD (Begin with most recent employment and list prior positions in sequence.)

Company Name	Period Employed	From	To
Address, State, Zip Code			
Supervisor's Name and Telephone #			
Reason for Leaving			
Job Title			
Duties and Responsibilities			

May we contact this employer? _____ Yes _____ No

Company Name	Period Employed From To	
Address, State, Zip Code		
Supervisor's Name and Telephone #		
Reason for Leaving		
Job Title		
Duties and Responsibilities		

May we contact this employer? Yes No

Company Name	Period Employed From To	
Address, State, Zip Code		
Supervisor's Name and Telephone #		
Reason for Leaving		
Job Title		
Duties and Responsibilities		

May we contact this employer? Yes No

Company Name	Period Employed From To	
Address, State, Zip Code		
Supervisor's Name and Telephone #		
Reason for Leaving		
Job Title		
Duties and Responsibilities		

May we contact this employer? Yes No

Have you ever been convicted of a crime other than a misdemeanor or minor traffic violation that has not either been sealed, expunged or pardoned by the Governor?* Yes No **If, yes, please explain:**

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Please sign below to indicate that you have read and understood this information:

Signature **Date**

The accuracy and completeness of all information on this application is of the utmost importance. Please read the following statements carefully before signing your name:

1. In consideration of my employment or continued employment by CMP, I agree to perform the work which may be considered necessary by the Corporation and to take physical and/or other examinations when required, if job related and consent to any searches, if conducted.
2. I certify that, at the time of my application for employment, I am not aware of any mental or physical reason which would prohibit me from performing the essential functions of the job for which I am applying either with or without reasonable accommodations.
3. I also agree to retain the confidentiality of all information to which I have access because of my work.
4. I authorize the Corporation to investigate all statements contained herein. I understand that misrepresentation or omission of facts in this application may be cause for the refusal to hire or immediate dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning previous employment, education or other information they might have with respect to any subjects covered by this application, and I release all such parties from all liability for any damage that may result from furnishing such information to you.
5. I understand that as a condition of employment, I will be required to present identification which verifies my authorization for employment in the U.S.
6. I understand that employee telephone conversations may be monitored or recorded solely to establish and measure quality service levels and/or to determine training needs. I do hereby consent to having my telephone conversations monitored or recorded if I am employed with CMP.
7. I further agree, if employed, I will conform my conduct to the Corporation's rules and regulations and understand that unless otherwise specifically agreed to in writing, my employment is AT-WILL and can be terminated with or without cause, and with or without notice, at any time, at either the Corporation's or my option.
8. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as either an express or implied contract of employment.

Signature

Date

*Existence of a criminal record does not constitute an automatic bar to employment.