



- Central Virginia Family Physicians, Inc.**
- MD Resource**

Application for Employment



PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

We do not discriminate in any term or condition of employment on any status protected by application law.

PERSONAL INFORMATION If you need any assistance in completing this application, please ask to see the office manager.

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE
PERMANENT ADDRESS		CITY	STATE
DAYTIME PHONE NO. () -	EVENING PHONE NO. () -	MOBILE PHONE NO () -	BEST TIME TO CALL

EMPLOYMENT DESIRED

POSITION	DATE AVAILABLE FOR WORK	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <small>If no, then we may not be able to consider you for employment unless there is a valid reason for refusal.</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO CVFP OR MD RESOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION?	WHEN?

EDUCATION HISTORY Education will only be considered if essential to the position sought.

NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED/DEGREE
HIGH SCHOOL		
UNDERGRADUATE COLLEGE		
GRADUATE/ PROFESSIONAL		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS RELEVANT TO THE POSITION YOU ARE SEEKING:	
VOLUNTEER/INTERNSHIP	DATES: FROM TO
U.S. MILITARY SERVICE	RANK DATES: FROM TO

LIST ANY PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS RELEVANT TO THE POSITION YOU ARE SEEKING.

Type of License	Issuing State	Registration #	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

If you do not wish for us to contact past employers, you may not be considered eligible for employment unless there is a valid reason for your refusal.

EMPLOYER	DATES EMPLOYED		DUTIES PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER (S)			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING	HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATION OF COMPANY POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	DATES EMPLOYED		DUTIES PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER (S)			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING	HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATION OF COMPANY POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	DATES EMPLOYED		DUTIES PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER (S)			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING	HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATION OF COMPANY POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	DATES EMPLOYED		DUTIES PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER (S)			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING	HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATION OF COMPANY POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT:

ARE YOU OVER THE AGE OF 18?

YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?

YES NO

DO YOU HAVE FRIENDS OR RELATIVES CURRENTLY EMPLOYED BY CENTRAL VIRGINIA FAMILY PHYSICIANS OR MD RESOURCE?
 (This will not automatically prohibit or allow you to gain employment. No family members will be hired, however, if it poses an actual or potential conflict of interest.)

YES NO
 If yes name them:

ARE YOU CURRENTLY ON "LAYOFF" STATUS AND SUBJECT TO RECALL?

YES NO

WILL YOU BE ABLE TO GET TO WORK IN ORDER TO MEET THE CENTRAL VIRGINIA FAMILY PHYSICIANS, INC./MD RESOURCE, ATTENDANCE REQUIREMENT?

YES NO

CAN YOU TRAVEL IF A JOB REQUIRES IT?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

A conviction will not automatically bar you from employment except otherwise provided by law. The nature of the conviction, date of conviction, and relationship of the conviction to the position sought will all be considered.

YES NO
 If yes describe the nature and date of conviction.

Are you subject to any type of employment agreement which prohibits you from working with us, such as a non-competition agreement?

YES NO

REFERENCES: List below three professional references who are not related to you and are not previous employers.

	Name	Telephone	Address	No. of years known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that all answers given in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified or incomplete statements on this application may lead to my dismissal. I authorize investigation of all statements given on this application as may be necessary in arriving at an employment decision and I release Central Virginia Family Physicians, Inc., MD Resource, their employees and agents, from any and all liability arising from such pre-employment inquiries or investigation as allowed by law.

The application of employment will be considered active for a period of time not to exceed 60 days. After that time, any applicant wishing to be considered for employment should inquire as to whether or not there are openings available at that time and fill out a separate application.

I hereby understand that any employment relationship with Central Virginia Family Physicians, Inc., or MD Resource, is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is understood that this "at will" employment relationship may not be changed by any written document or by any oral representation unless such change is fully acknowledged in writing by the President of Central Virginia Family Physicians, Inc., or the Chairman of MD Resource.

If employed, I agree to follow all rules and regulations of Central Virginia Family Physicians, Inc., and/or MD Resource.

 Applicant's Signature

 Date

This space is for personnel use only.

Date of Hire _____

Full time _____

Part time _____

Position _____