

EMPLOYMENT RECORD

LAST OR CURRENT JOB

Company Name _____ Phone # _____

Address _____ Immediate Supervisor _____

Dates of Employment: From _____ To _____ Salary _____

Position Held (Specify full-time, part-time or temp) _____

Duties Performed: _____

Reason for Leaving: _____

PREVIOUS EMPLOYMENT

Company Name _____ Phone # _____

Address _____ Immediate Supervisor _____

Dates of Employment: From _____ To _____ Salary _____

Position Held (Specify full-time, part-time or temp) _____

Duties Performed: _____

Reason for Leaving: _____

PREVIOUS EMPLOYMENT

Company Name _____ Phone # _____

Address _____ Immediate Supervisor _____

Dates of Employment: From _____ To _____ Salary _____

Position Held (Specify full-time, part-time or temp) _____

Duties Performed: _____

Reason for Leaving: _____

PROFESSIONAL REFERENCES

Name/Title	Company Name/Address	Home Phone	Business Phone
1			
2			
3			

Have you ever been terminated from a job for alleged misconduct or unacceptable performance? Yes _____ No _____
 If yes, explain _____

Have you ever been asked to resign to avoid investigation or termination? Yes _____ No _____
 If yes, explain _____

Have you ever been convicted of a crime(s) other than a minor traffic violation? Yes _____ No _____
 If yes, explain _____

(Conviction is not an automatic disqualification. All relevant facts will be considered.)

EMPLOYEE REFERRAL

Please complete this section if you were referred by an employee of The Baton Rouge Clinic, AMC.

Name(s) of Referring Employee(s): _____

IMPORTANT: READ THIS CAREFULLY BEFORE SIGNING AND DATING APPLICATION.

I certify that the answers given by me on this application are true, correct and complete. I agree that any misstatement or pertinent omission made by me in this application or in the pre-employment process may result in my rejection or, if hired, may subsequently subject me to dismissal. I understand that by signing this application, I give The Baton Rouge Clinic, AMC (Clinic) permission to perform reference checks with my past employers, and I give the past employers the right to release information about my work history.

I understand that all offers of employment are conditioned upon my successfully passing the Clinic's prescribed drug test and criminal background check. If employed, I agree, as a condition of my continued employment, to submit to a blood test or urinalysis as requested and paid for by the Clinic. I further agree to search or examination of myself or personal property while on the Clinic's premises or while conducting its business elsewhere.

If employed, I will comply with all Clinic rules, regulations or directives that may be established from time to time. I understand that the Clinic reserves the right to change or modify its rules, regulations or directives with or without prior notice to its employees. Further, since the Clinic does not offer contracts of employment (unless signed by the Clinic's CEO), I understand that nothing contained in this application form or any other company document, employee handbook or statement creates a contract between the Clinic and me either for employment or the provision of any compensation or benefits. I understand that, if employed, I have the right to terminate my employment at any time for any or no reason, and likewise, the Clinic has the same rights. The Clinic requests that, in the event of employment, I give written notice of resignation prior to termination date.

I understand and agree that the completion of this application form does not mean a job opening exists and in no way obligates the Clinic to employment.

Signature _____ Date _____