

Forensic Medical Management Services, P.C.

850 R.S. Gass Blvd., Nashville TN 37216-2640

Application For Employment

Forensic Medical Management Services, P.C. considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected characteristic as required by state and federal law.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?		? Advertisement ? Friend ? Walk-In ? Employment Agency ? Relative ? Other _____	
Last Name used	First Name	Middle Initial	Other names
Address	City	State	Zip Code
Telephone Number(s) (Home)	(Work)	Social Security Number -- --	

If you are under 18 years of age, can you provide required proof of eligibility to work? ? Yes ? No

Have you ever filed an application with us before? ? Yes ? No
If Yes, give date _____

Are you currently employed? ? Yes ? No

May we contact your present employer? ? Yes ? No

Are you lawfully authorized to work in this country?
(Proof of citizenship or immigration status will be required upon employment.) ? Yes ? No

On what date would you be available for work? _____

Are you available to work: ? Full Time ? Part Time ? Temporary

Are you currently on "lay-off" status and subject to recall? ? Yes ? No

Can you travel if a job requires it? ? Yes ? No

Have you ever been convicted of a criminal offense?
(Conviction will not necessarily disqualify an applicant from employment.) ? Yes ? No

If Yes, please explain _____

EDUCATION

	Name and Address of School	Course of Study	Date Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

* This information is used strictly to verify education.

Describe any specialized training, apprenticeship skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

REFERENCES **

Give Name, Address and Daytime Phone Number of Professional References

1. _____
2. _____
3. _____
4. _____
5. _____

** References should include persons who are familiar with your ability to perform the same or similar position you are applying for. Personal references such as relatives are not acceptable as references.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed		Work Performed
		To	From	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	

Job Title	Supervisor			
Reason for Leaving				

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby give permission to Forensic Medical Management Services, P.C. and any third party it so chooses to utilize, to conduct a personal check on my background, including but not limited to, work history, business and personal record, or criminal investigation, and hold harmless the above referenced. I further authorize Forensic Medical Management Services, P.C. to obtain and give references regarding my work experience.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without notice or cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

