

**TALLAHASSEE EAR, NOSE & THROAT – HEAD & NECK SURGERY, P.A.**  
**1405 CENTERVILLE ROAD SUITE 5400**  
**TALLAHASSEE, FL 32308**  
**(850) 877-0101**  
**FAX: (850) 877-2750**



**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
                     Last                      First                      Middle

Present Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
                     Street and No.                      City/State                      Zip                      Years                      Months

Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
                     Street and No.                      City/State                      Zip                      Years                      Months

Telephone No. \_\_\_\_\_ Are you 18 years of age or older? [ ] Yes [ ] No

Have you ever worked for this company before? [ ] Yes [ ] No

If yes, please give dates and position: \_\_\_\_\_

Are you legally eligible for employment in this country? [ ] Yes [ ] No

Have you ever pled guilty or “no contest” to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? [ ] Yes [ ] No

If Yes, please give date and details of each: \_\_\_\_\_

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired: \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Temporary \_\_\_\_ Educational

**PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment.

Present or Last Employer	From	Pay	Position	Reason for leaving
Name _____				
Address _____	To		Supervisor	
City/State/Zip _____				
Telephone _____				

Previous Employer Name _____ Address _____ City/State/Zip _____ Telephone _____	From  To	Pay	Position  Supervisor	Reason for leaving
Previous Employer Name _____ Address _____ City/State/Zip _____ Telephone _____	From  To	Pay	Position  Supervisor	Reason for leaving
Previous Employer Name _____ Address _____ City/State/Zip _____ Telephone _____	From  To	Pay	Position  Supervisor	Reason for leaving

Have you ever been terminated?  Yes  No If yes, please explain circumstances: \_\_\_\_\_

\_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

### EDUCATION

	School Name/Location	Years Completed	Degree	Study or Major
Elementary				
High School				
College/University				
Graduate/Professional				
Trade/Correspondence				
Other				

### SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Computer Skills (Include software titles and years of experience):

---

---

---

---

**PERSONAL REFERENCES**

(No relatives)

Name	Relationship	Address	Telephone Number

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I HEREBY CERTIFY that all of the information that I have provided in this application is true and accurate. I also authorize your office to contact employment and personal references listed in this application. **I authorize the Organization to conduct an electronic screen of my background including queries on Internet search sites, such as Google, and social network sites, such as Facebook.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**This company is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, citizenship, marital status, sexual orientation, disability, or national origin.**

**EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I authorize the Company to conduct electronic inquiry related to my background, including review of all social networking sites and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.