

Application for Employment

PRINT IN BLACK INK OR TYPE.

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. DAVID P ELLENT, PLLC DBA GENESIS MEDICAL GROUP MANAGEMENT COMPANY, LLC (also referred to as GMGMC in this document) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must have a signed original.** Resumes will not be accepted in lieu of applications, but may be attached to provide a concise picture of the applicant.

NAME _____
(Last) (First) (Middle)

MAILING ADDRESS _____ HM (____) _____
(Street) (City) (State) (Zip) (Country) Home Phone

E-MAIL ADDRESS _____

List any other names used if different from name on this application. _____ AP (____) _____
(Cell or Alternate Phone)

List exact title of position or type of work and location for which you wish to apply:	Earnings Desired:	Available to Travel Between Offices: [] Yes [] No
List the practice or department with which you wish to apply:	Do you have any relatives working for this company? If so, list names and relationships:	

Full-Time Part-Time Summer Temp/Project Date available for work? _____

Are you willing to work hours other than 8-5? Yes No

What days are you unable to work? _____

Are you willing to Travel? Yes No If yes, what percent of time? _____

Current Driver's License # (if required for position) _____ Commercial Driver's License Yes No
(State) (Number)

Are you at least 18 years of age? Yes No Do you use any type of tobacco and/or nicotine product(s)? Yes No
(Pre-employment screening will be required)

Have you ever been convicted of a felony/misdemeanor or subjected to a deferred adjudication on a felony charge or misdemeanor charge.
Yes No

If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)
 Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes No

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From Mo.	From Yr.	To Mo.	To Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

Date Received _____ Time Received _____ Received by _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? _____

Do you know sign language (If required for this position) Yes No Are you a certified interpreter? Yes No

Do you speak a language other than English? (If required for this position) Yes No
 If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

Do you write in a language other than English? (If required for this position) Yes No
 If yes, which language(s) _____

Have you ever been employed by GENESIS MEDICAL GROUP MANAGEMENT CO, LLC? Yes No

MILITARY SERVICE

Did you serve in the US Armed Forces? Yes No If yes, what branch? _____

Dates of Service (From/To): _____

Describe any training relevant to the position for which you are applying: _____

References		
Name	Relationship	Telephone

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name

Last			First			Middle			Social Security No.			
Position Title:						Immediate Supervisor Name:			Full-Time <input type="checkbox"/>			
Employer:						Title:			Part-Time <input type="checkbox"/>			
Mailing Address:						Supervisor's Telephone No.:			Summer <input type="checkbox"/>			
City & State/ZIP:						AC ()			Temp/Project <input type="checkbox"/>			
Employer's Telephone No.: AC ()						AC ()			Give average #			
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>			If supervisory, number of employees you supervised:		
Mo.	Day	Yr.	Mo.	Day	Yr.	\$	Non-Managerial <input type="checkbox"/>					
							Supervisory/Managerial <input type="checkbox"/>			of hours worked per week if part-time:		
Summary of experience:												
Specific reason for leaving:												
Position Title:						Immediate Supervisor Name:			Full-Time <input type="checkbox"/>			
Employer:						Title:			Part-Time <input type="checkbox"/>			
Mailing Address:						Supervisor's Telephone No.:			Summer <input type="checkbox"/>			
City & State/ZIP:						AC ()			Temp/Project <input type="checkbox"/>			
Employer's Telephone No.: AC ()						AC ()			Give average #			
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>			If supervisory, number of employees you supervised:		
Mo.	Day	Yr.	Mo.	Day	Yr.	\$	Non-Managerial <input type="checkbox"/>					
							Supervisory/Managerial <input type="checkbox"/>			of hours worked per week if part-time:		
Summary of experience:												
Specific reason for leaving:												

EMPLOYMENT HISTORY, Continued

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC ()						Immediate Supervisor Name: Title:		Full-Time <input type="checkbox"/>
								Part-Time <input type="checkbox"/>
						Supervisor's Telephone No.: AC ()		Summer <input type="checkbox"/>
								Temp/Project <input type="checkbox"/>
Starting Date		Leaving Date		Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/>		If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.					

Summary of experience:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC ()						Immediate Supervisor Name: Title:		Full-Time <input type="checkbox"/>
								Part-Time <input type="checkbox"/>
						Supervisor's Telephone No.: AC ()		Summer <input type="checkbox"/>
								Temp/Project <input type="checkbox"/>
Starting Date		Leaving Date		Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/>		If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.					

Summary of experience:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC ()						Immediate Supervisor Name: Title:		Full-Time <input type="checkbox"/>
								Part-Time <input type="checkbox"/>
						Supervisor's Telephone No.: AC ()		Summer <input type="checkbox"/>
								Temp/Project <input type="checkbox"/>
Starting Date		Leaving Date		Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/>		If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.					

Summary of experience:

Specific reason for leaving:

Applicant Name (last, first, initial):

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

I certify that the information provided by me in connection with my employment application, whether on this document or not, is true and complete. I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination of employment. I also understand that any information obtained as a result of any background reference checks may be sufficient reason not to hire me or, if hired, to terminate my employment.

I understand and agree that, if hired, my employment shall not be for any definite period of time and that even though I may be paid my wages on a bi-weekly basis this does not mean that I am being hired for a definite period of time.

I understand that nothing in this application, or in any prior or subsequent written or oral statement(s), creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by GENESIS MEDICAL GROUP MANAGEMENT CO, LLC (Also referred to as GMGMC in this document) my employment will be at-will, for an unknown period of time, and may be terminated at any time, with or without cause or notice, at the option of GMGMC or myself. I understand that I have the right to end my employment at any time and that GMGMC retains the same right.

I understand and agree that even though other terms and conditions of my employment may change over the course of my employment, the at-will nature of my employment will not change. I understand and agree that no one other than an officer of GMGMC has authority to enter into any agreement with me for anything other than at-will employment and that any other agreement entered into by an officer of GMGMC, must be in writing and signed by me and an officer of GMGMC. Any other express or implied agreements or assurances made by a supervisor, management official or other person concerning the terms, conditions or duration of employment are not authorized and are not binding on GMGMC.

I have been given the opportunity to ask questions regarding GMGMC, rules and my status, if hired, as an at-will employee.

No representation of GMGMC, has made any promises or other statements to me which imply that I will be employed under any other terms than stated above.

I authorize any person(s) or organization(s) referenced in this application to give you any and all information concerning my previous employment, education or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application.

In compliance with federal law, I understand as a condition of my employment, I will be required to provide legal proof of identity and authorization to work in the United States.

I understand that GMGMC may check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.

I give GMGMC and its subsidiaries the right to investigate all reference and to secure additional information about me. I hereby release GMGMC its subsidiaries and representatives from liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: _____ Date: _____