

# **Employment Application**

## **Northeast Ohio Medical Associates** **Division of Northwest Physicians Associates, P.C. (NPA)**

### **□ Fairlawn Location**

**2640 West Market Street  
Suite 301  
Fairlawn, OH 44333  
Phone: (330) 864-8501  
Fax: (330) 864-8508**

### **□ Streetsboro Location**

**9318 State HWY 14  
3rd Floor  
Streetsboro, OH 44241  
Phone: (330) 626-4931  
Fax: (330) 626-1184**

Northwest Physicians Associates, P.C. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

# Personal

|  |   |   |
|--|---|---|
| <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Last                      First                      Initial</p>   |   | <p>_____</p> <p>_____</p> <p style="text-align: center;">Maiden/Aliases (list all former names)</p> |
| <p>Address</p> <p>_____</p> <p>_____</p> <p>_____</p>  |   | <p>Telephone #"""" _____</p> <p>Fax#"""" _____</p> <p>E-mail _____</p>                              |
| <p>Position Applied For _____</p>  |   | <p>Business# or Message #</p>   |
| <p>Referred By _____</p>   | <p>Salary Desired</p> <p style="text-align: center;">\$ _____</p>   |   |
| <p>Have you ever interviewed with IPS or its affiliates?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>  | <p>If yes, list dates(s), job title(s) and location(s)</p>  |   |
| <p>Have you ever been employed with IPS or its affiliates?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>  | <p>If yes, list dates(s), job title(s) and location(s)</p>  |   |
| <p>Do you have any relatives employed by IPS or its affiliates?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   | <p>If yes, list dates(s), job title(s) and location(s)</p>  |   |
| <p>Are you at least 16 years old?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   | <p>If under 18, do you have a work permit?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |   |
| <p>Are you currently employed?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>  | <p><b>On what date would you be available for work?</b></p> <p style="text-align: center;">_____</p>  |   |
| <p>Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> | <p><b><u>Proof of Immigration Status will be required upon employment</u></b></p>   |   |

# Education

**Uggev Highest Grade Completed:**

High School  
College, Trade or Business  
Graduate Studies

| School                      | Address | Major Studies | Degree, Diploma,<br>License or Certificate |
|-----------------------------|---------|---------------|--|
| High School                 |         |               |  |
| College/University          |         |               |  |
| Vocational, Business, Other |         |               |  |

List Any Professional Designations

Other Special Knowledge, Skills or Qualifications, Other Languages

Do you Type/Keyboard?     YES     NO            If yes, WPM \_\_\_\_\_

Computer Skills (Hardware/Software)? Please explain in detail:

# Employment History

List all employments for the **past ten (10) years**, starting with the most recent position. All information **must** be completed. **You may attach a resume, but not in place of completing the required information.**

|                |                  |  |                 |
|----------------|------------------|--|-----------------|
| Employed From  | Employer Name    | Supervisor name  | Starting Salary |
| Employed Until | Employer Address | Supervisor:<br>Phone # _____<br>Fax # _____<br><small>please include</small> | Ending Salary   |

Job Title

Duties and Responsibilities

|                |                  |  |                 |
|----------------|------------------|--|-----------------|
| Employed From  | Employer Name    | Supervisor name  | Starting Salary |
| Employed Until | Employer Address | Supervisor:<br>Phone # _____<br>Fax # _____<br><small>please include</small> | Ending Salary   |

Job Title

Duties and Responsibilities

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Job Title

Duties and Responsibilities

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| Employed Until | Employer Address | Supervisor:<br>Phone # _____<br>Fax # _____<br><small>please include</small> | Ending Salary   |

Job Title

Duties and Responsibilities

# General

- | <u>YES</u>               | <u>NO</u>                | <u>Please check one.</u>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your current employer for references?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work overtime?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently on "Lay Off" status and subject to recall?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you travel if a job requires it?  |

**Are you available to work:**    Full Time    Part Time    On Call    Temporary

## How Did You Learn about Us?

Advertisement    Employment Agency    Friend    Walk-In    Relative    Other \_\_\_\_\_

## References (Professional)

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Relationship) (Phone #)  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Address) (Fax#)
2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Relationship) (Phone #)  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Address) (Fax#)
3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Relationship) (Phone #)  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Address) (Fax#)
4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Relationship) (Phone #)  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Address) (Fax#)

***PLEASE INCLUDE FAX NUMBERS TO EXPEDITE PROCESS***

# Certification and Authorization

The above information is true and correct. I understand that, in the event of my employment by Northwest Physicians Associates, P.C. (NPA), I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize NPA to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to NPA and will hold NPA and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize NPA to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with NPA is intended to create an employment contract between myself and NPA under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired; my employment will be terminable at will and may be terminated by NPA or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the forgoing.

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

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Signature

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Date