

EMPLOYMENT APPLICATION
 Ob/Gyn Specialists of the Palm Beaches
 1515 N. Flagler Dr. Ste 700
 West Palm Beach, FL 33401

Ob/Gyn Specialists of the Palm Beaches is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT IN INK)

| | | | |
|---|--------------------|-------------------------------|-----------------|
| Position(s) Applied For | | Date of Application | |
| Last Name | First Name | Middle Name | |
| Address | City | State | Zip Code |
| Telephone Number | Cell Number | Social Security Number | |
| How Did You Hear About Us? | | | |
| <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____ | | | |

Are you legally eligible to work in the United States? YES NO

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES NO

(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES NO

Have you ever applied to Ob/Gyn Specialists of the Palm Beaches before? *(If yes, please give date.)* YES NO

Have you ever worked for Ob/Gyn Specialists of the Palm Beaches before? *(If yes, please give date.)* YES NO

Have you ever been convicted of a felony? *(A conviction will not necessarily disqualify you.)* YES NO

If yes, please explain: _____

Do you have a valid driver's license? *(For driving positions only.)* YES NO

Have you been convicted of any moving violations in the past five years? YES NO

If yes, please explain: _____

Is anyone related to you employed by Ob/Gyn Specialists of the Palm Beaches? YES NO

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES NO

If yes, please explain. _____

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

| Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------|---------------|---------------|----------------|------------------|-----------------|---------------|-----------------|
| AM | | | | | | | |
| PM | | | | | | | |

EDUCATION

| | Name and Location of School | Course of Study or Major | # of Years Completed | Diploma/ Degree |
|--------------------|------------------------------------|---------------------------------|-----------------------------|------------------------|
| Elementary | | | | |
| High School | | | | |
| College | | | | |
| Graduate | | | | |
| Vocational | | | | |

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES NO
Please give dates and explanation:

EMPLOYMENT HISTORY

(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Ob/Gyn Specialists of the Palm Beaches.)

| | | | |
|---|---|------------------------------|-------------------------------------|
| Company Name | Employment Dates From To | Salary Start End | Name and Title of Supervisor |
| Address | | \$ \$ | |
| | Describe your title and duties: | | |
| Phone | | | |
| Reason for leaving and explanation | | | |
| | | | |
| Company Name | Employment Dates From To | Salary Start End | Name and Title of Supervisor |
| Address | | \$ \$ | |
| | Describe your title and duties: | | |
| Phone | | | |
| Reason for leaving and explanation | | | |
| | | | |
| Company Name | Employment Dates From To | Salary Start End | Name and Title of Supervisor |
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| | Describe your title and duties: | | |
| Phone | | | |
| Reason for leaving and explanation | | | |
| | | | |
| Company Name | Employment Dates From To | Salary Start End | Name and Title of Supervisor |
| Address | | \$ \$ | |
| | Describe your title and duties: | | |
| Phone | | | |
| Reason for leaving and explanation | | | |
| | | | |

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three supervisors not related to you, who can provide professional references.)

| Name | Address | Phone Number | Relationship/Occupation | Years Known |
|------|---------|--------------|-------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Ob/Gyn Specialists of the Palm Beaches that such employment with Ob/Gyn Specialists of the Palm Beaches is at will, for no specified duration and may be terminated by either Ob/Gyn Specialists of the Palm Beaches or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Ob/Gyn Specialists of the Palm Beaches or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Ob/Gyn Specialists of the Palm Beaches except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Ob/Gyn Specialists of the Palm Beaches.

In consideration for employment with Ob/Gyn Specialists of the Palm Beaches, if employed, I agree to conform to the rules, regulations, policies and procedures of Ob/Gyn Specialists of the Palm Beaches at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Ob/Gyn Specialists of the Palm Beaches business, attendance and punctuality are considered essential requirements of every job at Ob/Gyn Specialists of the Palm Beaches and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Ob/Gyn Specialists of the Palm Beaches, I may be required to submit to a

pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Ob/Gyn Specialists of the Palm Beaches and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

OB/GYN SPECIALISTS OF THE PALM BEACHES IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.