



Application for Employment

All applicable questions must be answered for this application to be considered. This application will be considered current for only 30 days from its date (below). To be considered after that time you renew your application for employment in writing.

PERSONAL INFORMATION

Date of Application: _____ Social Security Number: _____ - _____ - _____

Name: _____, _____, _____
Last First Middle

Current Address: _____ How long there? _____
No. & Street City State Zip

Telephone Number

Cellular/Pager Number

Email Address

Who referred you to the Company? _____

If hired, can you submit proof of legal right to work in the United States? Yes No
Are you eligible to receive any and all permits/licenses required by law? Yes No
Have you ever committed or been convicted of a crime other than a minor traffic violation? Yes No
(Commission or conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)
If so, give date(s): _____ Offense: _____ Punishment or Outcome: _____

Explanatory details: _____

POSITION DESIRED

Position applied for: _____

Type of employment desired: (check one) Full-time Part-time PRN
Are you willing to work overtime? Yes No Are you willing to work weekends? Yes No

Date available to begin work: _____

EMPLOYMENT

Have you ever worked for the Company? Yes No If so, when: _____

Have you ever applied with this Company? Yes No f so, when: _____

Do you intend to work anywhere else in addition to working at the Company? Yes No
If so, where? _____

Are you presently employed? Yes No Name of employer: _____

May we contact your present employer? Yes No

Employer's address: _____

Reason for leaving? _____

WORK HISTORY

PLEASE ACCOUNT FOR YOUR TIME FOR AT LEAST THE PAST TEN YEARS. BEGIN WITH PRESENT AND WORK BACKWARDS.

Name of present (or most recent) employer	Employer's Business	
Complete address (street/city/zip)	Telephone Number	
Job Title		
Starting Date	Leaving Date	
Name of Last Supervisor		
Reason for leaving		
Give reason for and length of inactivity between above job and below (if applicable).		

Name of previous employer	Employer's Business	
Complete address (street/city/zip)	Telephone Number	
Job Title		
Starting Date	Leaving Date	
Name of Last Supervisor		
Reason for leaving		
Give reason for and length of inactivity between above job and below (if applicable).		

Name of previous employer	Employer's Business	
Complete address (street/city/zip)	Telephone Number	
Job Title		
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Name of previous employer	Employer's Business	
Complete address (street/city/zip)	Telephone Number	
Job Title		
Starting Date	Leaving Date	
Name of Last Supervisor		
Reason for leaving		
Give reason for and length of inactivity between above job and below (if applicable).		

U.S. MILITARY SERVICE

Present Classification _____

Are you a member of National or State Guard or Active Reserve? Yes No

BRANCH	DATES		RANK WHEN ENTERING	RANK WHEN DISCHARGED
	FROM	TO		

Kind of training: _____

LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THE COMPANY:

NAME	RELATIONSHIP	WHERE (CITY) EMPLOYED

EDUCATION & TRAINING

EDUCATION

High School: _____

College: _____ # of Yrs. _____

CRNA/Medical School: _____ # of Yrs. _____

Residency: _____ Dates Attended: _____

Internship: _____ Dates Attended: _____

Fellowship: _____ Dates Attended: _____

PROFESSIONAL AND TECHNICAL APPLICANTS ONLY

Professional License No.: _____ Type of License: _____

Place of issue: _____ Expiration Date: _____

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Place of issue: _____ Expiration Date: _____

Professional License No.: _____ Type of License: _____

Place of issue: _____ Expiration Date: _____

If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license of certification? Yes No

If yes, please explain: _____

PROFESSIONAL REFERENCE

Name: _____

Address: _____

Phone number: (_____) _____ - _____ Occupation: _____

Name: _____

Address: _____

Phone number: (_____) _____ - _____ Occupation: _____

Name: _____

Address: _____

Phone number: (_____) _____ - _____ Occupation: _____

AGREEMENT

Read Carefully

I, the undersigned, agree to the following: (1) That all information supplied in this application and any attached resume is true and correct and that any false or misleading information furnished by me regarding my application will be sufficient cause for rejection of this application or immediate dismissal if employed by Parish Management Consultants LLC. / Parish Anesthesia Associates, LTD., A.P.M.C., herein called the "Company;" (2) That, if such is required, I will take a drug/alcohol screen test during the application process or during employment if hired, and , if required, will submit to a physical examination after a conditional offer of employment, if one is made, or during employment if hired and will permit the results to be released to the Company and to release all persons and companies from any liability arising out of such examination or testing; (3) That during my employment with the Company, if hired, I will report to the Company any drug-related criminal conviction within five days of that conviction; (4) That if hired, I agree to abide by and observe all Company rules and regulations and agree that my employment is at-will and can be terminated with or without cause and with or without notice at any time at either the option of the Company or the employee and that these terms can only be modified by the President of the Company, in writing, provided that such writing specifically acknowledges that it is a modification of this agreement and is signed by the President; (5) That if hired, I may be on a ninety (90) day introductory period during which time I may be discharged without recourse; and (6) That the use of this application form does not indicate there are any positions open and does not in any way obligate the Company or it's associated Companies.

RELEASE

Read Carefully

I, the undersigned, authorize all educational institutions which I have attended, all branches of U.S. military service in which I have served, all of my former and present employers, all credit bureaus, all court systems and all of the representatives of those organizations to furnish the Company or its subsidiaries, associated companies or representatives any and all information concerning my education, military service, former employment, credit history and/or criminal convictions prior to my employment with the Company or in the future if I am employed by the Company. In addition, I hereby agree to hold harmless and to release all of said organizations, institutions, services, employers, bureaus, courts and representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the Company, its subsidiaries, associated companies and representatives as a result of their furnishing information to the Company, its subsidiaries, associated companies or representatives.

Date: _____ Signature of Applicant: _____

Parish Management Consultants LLC. / Parish Anesthesia Associates, LTD., A.P.M.C. is an Equal Opportunity Employer and does not discriminate in hiring or any aspect of employment in accordance with the requirements of all applicable federal, state, and local laws on the basis of race, color, creed, religion, sex/gender, national origin, age, marital or veteran status, physical or mental disability, or any other legally protected characteristic.